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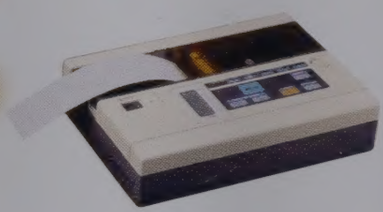
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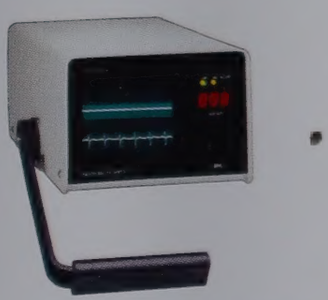
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We the members of
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of

THE HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

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Theme : *pathy*

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HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA
Karnataka State Branch, Bangalore.
and **Souvenir Committee**
XI All India Homoeopathic Congress - 98,
Bangalore.

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Note : Read HMAI-KSB as - The Homoeopathic Medical Association of India, Karnataka State Branch

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December 1998

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XI ALL INDIA HOMOEOPATHIC CONGRESS - 1998

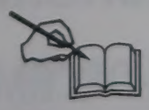
PROGRAMME - SATURDAY, 5TH DECEMBER 1998

8-00 a.m. to 10-00 a.m.	:	**Registration and Breakfast**
10-00 a.m. to 12-00 noon	:	*Inauguration*
12-00 noon to 2-00 p.m.	:	**FIRST SESSION**
Chairman	:	**Dr. S. Haque**
Speaker	:	**Dr. D.P. Rastogi**
Topic	:	*Comprehensive understanding of the philosophical background and application of lesser-known Repertories*
Speaker	:	**Dr. Munir Ahmed R.**
Topic	:	*An approach to teaching Repertory at under graduate level*
2-00 p.m. to 2-45 p.m.	:	**Lunch**
2-45 p.m. to 4-45 p.m.		**SECOND SESSION**
Chairman	:	**Dr. S.P.S. Bakshi**
Speaker	:	**Dr. Raj Kumar Manchanda**
Topic	:	*Dermatitis and its Homoeopathic Perspective*
Speakers	:	**Dr. Dilip Dixit**
	:	**Dr. Ram**
Topic	:	*Homoeopathic Experiences in Paediatric Hospital*
4-45 p.m. to 5-15 p.m.	:	**Tea**
5-15 p.m. to 6-15 p.m.		**THIRD SESSION**
Chairman	:	**Dr. Mahendra Singh**
Speaker	:	**Dr. V. Krishna Moorthy**
Topic	:	*Role of Bach Flower Remedies in Mental Conditions.*
6-15 p.m. to 8-00 p.m.	:	**FOURTH SESSION**
Panel Discussion	:	*Application of concept of Miasm in Homoeopathy*
Panelists	:	**Dr. R. Dubey, Dr. Rajmon Das, Dr. Shankar Das, Dr. S.M. Singh**
Co-ordinator	:	**Dr. A. Ramdas**
8-00 p.m. to 9-00 p.m.	:	**Dinner**

XI ALL INDIA HOMOEOPATHIC CONGRESS - 1998

PROGRAMME - SUNDAY, 6TH DECEMBER 1998

8-00 a.m. to 9-00 a.m.	:	**Breakfast**
9-00 a.m. to 11-00 a.m.	:	**FIFTH SESSION**
Chairman	:	**Dr. L.M. Khan**
Speaker	:	**Dr. A. Ramdas**
Topic	:	*The phenomenon of emotional Repression and its Homoeopathic Perspective*
Speaker	:	**Dr. Vishpala Parthasarathy**
Topic	:	*Dreams- its analysis and interpretation as a key to Homoeopathic treatment*
11-00 a.m. to 11-20 a.m.	:	**Tea**
11-20 a.m. to 1-10 p.m.	:	**SIXTH SESSION**
Chairman	:	**Dr. C.J. Verghese**
Speaker	:	**Dr. B.T. Rudresh**
Topic	:	*Advanced Renal Pathology - Homoeopathic approach*
Speaker	:	**Dr. Ashakiran**
Topic	:	*Management of Pathological Disorders - Classical approach*
1-10 p.m. to 2-00 p.m.	:	**Lunch**
2-00 p.m. to 3-00 p.m.	:	**SEVENTH SESSION**
Chairman	:	**Dr. Girish Gupta**
Speaker	:	**Dr. Shantha Prabhu**
Topic	:	*Multidimensional Study of a Nosode - Medorrhinum*
3-00 p.m. to 5-30 p.m.	:	**Open Session**
5-30 p.m. to 6-00 p.m.	:	**Tea**
6-00 p.m. to 7-30 p.m.	:	*Valedictory Function*
7-30 p.m. to 8-30 p.m.	:	**Dinner**



Editorial .....

The Editorial Committee of the Organizing team of the XI All India Homoeopathic Congress-98 takes great pleasure in presenting to the Homoeopathic community a new concept for developing and fostering the scientific temper.

Towards this end we have begun by delving back into history and reviving some of the old articles written by the founder President of Homoeopathic Medical Association of India Dr. Kanjilal. We would like to remind the younger generation of the spirit in which the organization was initiated and to imbibe some of those values so that we may not dilute this great science but that we may spare no efforts in the service of mankind.

Any growth and improvement must be based on values and principles. If we loose sight of these any and all the efforts we may put in or whatever we may achieve will be of no lasting value but will only serve in temporary glorification of the self which is transient and destructive in the long run.

We have attempted to stick to facts well thought out and researched. We have tried to limit "transcendental speculations which can receive no confirmation from experience" as much as possible. But we would like to reaffirm that the articles are the product of the individuals experience and must be taken as such till it can fit into the scope of your experience as well.

Please accept this offering to the fraternity and we hope that it will find favour in your perusal of it.

Dr. Verghese Samuel
Chairman

Dr. A. Rajesh
Vice-Chairman

Dr. N.M. Chandrashekar
Secretary


Leaders
Digest

विशेष कार्य प्रधिकारो
OFFICER ON SPECIAL DUTY

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राष्ट्रपति भवन,
नई दिल्ली - 110004
President's Secretariat,
Rashtrapati Bhavan,
New Delhi - 110004.



No. F. 2 - M/98

29th August, 1998

Dear Dr. Chandrashekar,

The President of India, Shri K.R. Narayanan, is happy to know that the Karnataka State Branch of the Homoeopathic Medical Association of India is hosting the XI All India Homoeopathic Congress - 1998 on 5th and 6th December, 1998 at Bangalore.

On this occasion, the President sends his greetings to all those associated with the Association and wishes the Congress all success.

With regards,

Yours sincerely,

Satya Narayana Sahu

(S.N. Sahu)

Dr. N.M. Chandrashekar
Secretary, Souvenir Committee,
XIth AIHC - 98,
Vipra Homoeopathic Clinic,
9, Bugle Rock Road,
Basavanagudi,
Bangalore 560 004.



उप-राष्ट्रपति सचिवालय
नई दिल्ली - 110011

VICE-PRESIDENT'S SECRETARIAT
NEW DELHI - 110011

November 11, 1998

MESSAGE

The Vice-President of India, Shri Krishan Kant, is glad to know that the Karnataka State Branch of the Homoeopathic Medical Association of India is hosting the XIth All India Homoeopathic Congress - 1998 from December 5th to 6, 1998 at Bangalore.

The Vice-President sends his good wishes for success of the Congress.

(AJAY MANDLAUS)
INFORMATION OFFICER TO
VICE-PRESIDENT OF INDIA



राज्य मंत्री
स्वतंत्र प्रभार
स्वास्थ्य एवं परिवार कल्याण
भारत सरकार
नई दिल्ली – 110 011
MINISTER OF STATE
(INDEPENDENT CHARGE)
HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NEW DELHI - 110 011

MESSAGE

I am pleased to note that the Homoeopathic Medical Association of India is organising an All India Homoeopathic Congress 1998 at Bangalore on 5th - 6th December 1998. As we are aware, the Homoeopathic science provides an economical and viable alternative to the increasingly expensive medical treatments available at present, if properly encouraged and practised.

I understand that the scientific gathering being organised by the HMAI is to be attended by more than one thousand Homoeopathic Doctors from across the country for deliberations on several topics that reflects the trends of modern system of medicine. The deliberations would be of great significance to update and upgrade the skills and expertise of our Homoeopathic Doctors.

I congratulate the Association and wish all success in its endeavour.

New Delhi
7.10.1998

(DALIT EZHILMALAI)

GOVERNOR
KARNATAKA

RAJ BHAVAN
BANGALORE



October 30, 1998

MESSAGE

I am happy to know that the Homeopathic Medical Association of India, Karnataka State Branch is Organising Eleventh All India Homeopathic Congress-98 at Bangalore during the month of December 1998.

I hope deliberations held in the conference will be of immense help in the advancement of Homeopathy.

On this occasion I extend my warm greetings to the President, Members of the Association and the delegates of the Congress and wish the Congress all success.

(KHURSHED ALAM KHAN)



CMP. 989-98

BANGALORE - 560001

DATED 22 - 9 - 98

MESSAGE

I am happy to know that Karnataka Branch of **Homoeopathic Medical Association** is hosting **XI All India Homoeopathic Congress at Bangalore.**

"It is high time that Homoeopathy the effective, alternative system of medicine is given its due recognition."

It is my opinion that the Congress, will endeavour upon popularising this system and will be successful in utilising the added knowledge to the needs of poor and deserving.

I wish the Conference every success and my best wishes to the participating delegates.

(J.H. PATEL)
CHIEF MINISTER

Dr. N. M. Chandrashekar,
Secretary - Souvenir Committee,
AIHC - 98
Indian Homoeo Clinic,
No. 358, 3rd Stage, 4th block,
8th Main,
Basaveshwara Nagar
Bangalore - 560 079.



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2092448
RESI : 2254384

VIDHANA SOUDHA, BANGALORE-1

DATED 11 - 11 - 1998

ನಂ. ಡಿ.ಸಿಎಂ: ಸಂ: 98

ಸಂದೇಶ

ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಕೀಯ ಸಂಸ್ಥೆಯು ಅಖಿಲ ಭಾರತ ಹೋಮಿಯೋಪತಿ ಕಾಂಗ್ರೆಸ್ 1998ನ್ನು ಬೆಂಗಳೂರಿನಲ್ಲಿ ಸಂಘಟಿಸುತ್ತಿರುವುದು ಸಂತಸದ ಸಂಗತಿ. ಸರ್ವ ರೋಗಕ್ಕೂ ಒಂದೇ ಮದ್ದನ್ನು ನೀಡುವುದು ಸಾಧುವಲ್ಲ. ರೋಗಿಯ ಶರೀರ ಲಕ್ಷಣ ಹಾಗೂ ರೋಗದ ಗುಣಲಕ್ಷಣಗಳೆರಡನ್ನು ಅಭ್ಯಸ ಮಾಡಿಯೇ ರೋಗಕ್ಕೆ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ನೀಡಬೇಕು ಎಂದು ಹೋಮಿಯೋಪತಿ ವೈದ್ಯ ಹೇಳಿರುವುದು ಇಂದಿಗೂ ಪ್ರಸ್ತುತವಾಗಿದೆ. ಹೋಮಿಯೋಪತಿ ಹಾಗೂ ಇದೇ ಮಾದರಿಯ ದೇಶ ಪದ್ಧತಿ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಸರಳ ಹಾಗೂ ಕಡಿಮೆ ಖರ್ಚಿನಾದಾಗಿರುತ್ತವೆ. ಹೀಗಾಗಿ ಬಡ ಜನರ ಚಿಕಿತ್ಸೆಗಾಗಿ ಇಂತಹ ದೇಶಿ ಮಾದರಿಯ ಚಿಕಿತ್ಸಾ ಪದ್ಧತಿಗಳ ಬಗ್ಗೆ ಹೆಚ್ಚು ಅಭ್ಯಾಸ ನಡೆಸುವುದು ಹಾಗೂ ಪ್ರೋತ್ಸಾಹ ನೀಡುವುದು ಈಗ ಅಗತ್ಯವಾಗಿದೆ. ಈ ನಿಟ್ಟಿನಲ್ಲಿ ಹೋಮಿಯೋಪತಿ ವೈದ್ಯಕೀಯ ಸಮ್ಮೇಳನಕ್ಕೆ ಸಕಲ ಯಶಸ್ಸುಗಳನ್ನು ಹಾರೈಸುತ್ತೇನೆ. ಸಮ್ಮೇಳನ ಸಂಘಟಕರಿಗೆ ಹಾಗೂ ಸಮ್ಮೇಳನದಲ್ಲಿ ಭಾಗವಹಿಸುತ್ತಿರುವ ಪ್ರತಿನಿಧಿಗಳೆಲ್ಲರಿಗೂ ನನ್ನ ಶುಭಾಶಯಗಳನ್ನು ಸಲ್ಲಿಸುತ್ತೇನೆ.

(ಸಿದ್ದರಾಮಯ್ಯ)
ಉಪ ಮುಖ್ಯಮಂತ್ರಿಗಳು

ಡಾ ಎನ್. ಎಂ. ಚಂದ್ರಶೇಖರ್
ಅಖಿಲ ಭಾರತ ಹೋಮಿಯೋಪತಿ ಕಾಂಗ್ರೆಸ್ - 1998
ಸ್ಮರಣ ಸಂಚಿಕೆ ಸಮಿತಿ ಕಾರ್ಯದರ್ಶಿ
ಬೆಂ ಗ ಳೂ ರು.

ಅವಿಕು



PHONE : OFF : 2251653
RESI : 2259186

VIDHANA SOUDHA, BANGALORE-1

DATED 31 - 10 - 1998

No. HFW / 8127 /98

Date 2 - 11 - 98

M E S S A G E

I am very happy to know that Karnataka State Branch of the Homoeopathic Medical Association of India takes pride in hosting the XI All India Homoeopathic Congress at Bangalore and a colourful souvenir commemmorating its highlights and services is being released. I hope this souvenir will be useful to those who are in the Homoeopathic field.

I wish the function a grand success.

(H.C. MAHADEVAPPA)
MINISTER FOR HEALTH & FAMILY WELFARE

The Secretary,
Souvenir Committee,
XI AIHC - 98
358, 3rd Stage, 4th block,
8th Main, Basaveshwara Nagar
BANGALORE.



TELEPHONE : OFF : 2253747
RES : 3411436
3414219
EXTN : 2716

VIDHANA SOUDHA, BANGALORE-1

DATED 30 - 10 - 1998

NO. MSME / M / 955 / 98

M E S S A G E

I am happy to learn that The Homoeopathic Medical Association of India conducting its 'XI All India Homoeopathic Congress-98, Bangalore on 5-6th December 1998 at J. N. Tata Auditorium, Bangalore.

I wish the Association every success in its endeavours.

(DR.M.SHANKAR NAIK)

MINISTER OF STATE FOR
MEDICAL EDUCATION

Dr. N.M. Chandrashekar
Secretary, Souvenir Committee
XI AIHC - 98
Bangalore.

No. 14-6/96 - CCH (Pt.)

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केन्द्रीय होम्योपैथिक परिषद्

CENTRAL COUNCIL OF HOMOEOPATHY

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM
HOMOEOPATHIC ANUSANDHAN BHAVAN,
NO. 61-65, V & VITH FLOORS, OPP. D-BLOCK,
INSTITUTIONAL AREA, JANAKPURI, NEW DELHI - 110 058 (INDIA)



Dated 23-11-98

MESSAGE

I am happy to learn that the Homoeopathic Medical Association of India, Bangalore is going to organise the XI All India Homoeopathic Congress at Bangalore on 5th & 6th Dec., 1998.

I take this opportunity to call upon all practitioners of Homoeopathy to form a part & parcel of a single national level professional organisation like Homoeopathic Medical Association of India. I also feel that Association may delebrate upon as to how best Homoeopathic doctors can help the nation in achieving the health care of all countrymen through Homoeopathy as a first line of treatment.

I wish all the best to the congress and souvenir being released on such occasion.

(DR. S.P.S. BAKSHI)
President

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(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अधीन, भारत सरकार)

CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY

(Under Ministry of Health & Family Welfare, Govt. of India)



डी.ओ.सं. / Ref. DIR / PA / 98 / 7202

दिनांक / Dated 8-9-98

Dear Dr. Chandrashekar,

I am very glad to know that the Homoeopathic Medical Association of India is holding its 11th All India Homoeopathic Congress in the month of December 1998 at Bangalore and is hosted by the Karnataka State Branch. Homoeopathic Medical Association of India is the largest organisation of Homoeopaths in India striving for the development of homoeopathy besides strengthening the bonds of fellowship among the homoeopaths. I am sure that the various Scientific Sessions would provide lot of information to the participants and provide an excellent opportunity of interaction.

I send my best wishes for the success of this Congress.

With regards,

Yours sincerely,

(DR. D. P. RASTOGI)
Director

Dr. N. M. Chandrashekar,
Secretary - Souvenir Committee,
All India Homoeopathic Congress-98
Indian Homoeo Clinic,
No. 358, 3rd Stage, 4th block,
8th Main, Basaveshwara Nagar
Bangalore - 560 079.

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Jawahar Lal Nehru Bhartiya Chikitsa Avum Homoeopathic Anusandhan Bhavan, 61-65, Institutional Area, D-Block, Janakpuri, New Delhi - 110 058 (INDIA)



From the Desk of Chairman Organising Committee

The Organisation of any function is a difficult process. The number of details to be looked into and attended to is a phenomenal task, which is impossible for any individual to accomplish. I am happy to see the teamwork that went into the XI All India Homoeopathic Congress- 98 and I congratulate them all for a job well done.

This event is being hosted by the Karnataka State Branch for the first time in South India, I am proud of this fact and hope that this will set a trend in having the Congress in the south more often. This should also increase the popularity of Homoeopathic Medical Association of India in the Southern States.

Homoeopathy has been a science that has been looked down upon in the last two hundred years and only now it is being recognised for its potential to help ailing humanity. It is time for Homoeopathic Practitioners both in India and abroad to join together in a concerted effort to bring about a scientific revolution in the Holistic perspective. The Homoeopathic Medical Association of India is working towards this end and we at the Karnataka Chapter are doing our bit. We hope that all the units of the Homoeopathic Medical Association of India will also join together and raise this divine science to the greatest heights.

- **Dr. M.R. Srivatsan**
Chairman
Organising Committee

Organising Secretary's Report

The decision to accept the Karnataka Chapter's offer to host the XI All India Homoeopathic Congress was taken at Kanpur in October 1997. Once this was conveyed to us we began work in earnest. This was the first time that a southern state had been given this responsibility and we decided that this show must be exemplary of South Indian Hospitality as well as the ablity of the Karnataka Chapter to host an event of such proportions.

We set to work immediately and formed the different committees.

The organising committee consisting of

Dr. M.R. Srivatsan



Dr. B.T. Rudresh



Dr. Veerabramhachary



This committee had vast experience having organised more than ten events both at state as well as national levels.

The Reception Committee Consisting of

Dr. B.S. Manjunath



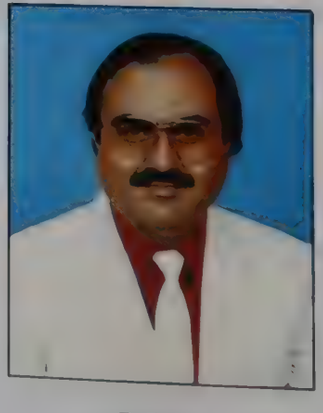
Dr. R. Nadhan



Dr. R. Shanthakumari



Dr. Z.M.L. Hasan



P.R.O.

The Scientific Committee Consisting of

Dr. Ramdas A.



Dr. Peri Rajgopal



Dr. Munir Ahmed R.



were well equipped to deal with the task ahead having been involved with scientific and academic matters for several years.

The Souvenir Committee Consisting of

Dr. Verghese Samuel



Dr. A. Rajesh



Dr. N.M. Chandrashekar



worked for several days to produce something to remember.

The Finance Committee Consisting of

Dr. Pramod Pawar



Dr. Shastrimath



Dr. A.B. Jayanth.



The Food & Accomodation Committee Consisting of

Dr. D. Lokesh



Dr. V. Vernekar



Dr. S.N. Hiremath



The Publicity & Information Committee Consisting of

Dr. S. Ramnath



Dr. C.S. Sheshashayana



Dr. Ramesh Setty



The Volunteers Committee Consisting of

Dr. Asha Kiran



Dr. Sonal Shah



Dr. Shridevi R.



and we appointed Dr. Z.M.L. Hassan The National Vice President of the Homoeopathic Medical Association of India and wellknown personality in Homoeopathic Circles as the Public Relations Officer

The result that we have produced becuase of the team work of all those involved is obvious to all those who have participated and seen this event.

The Aim of this event was to create a sense of unity among the Homoeopathic practitioners so that they may all comeunder one bannerand represent their needs and difficulties more effectively. The second aim of this congress was to increase the awareness among the general populace about the Homoeopathic System of Medicine, and it's scientificity and holistic applicability. This we achieved by seeing that this event was coveredby the Media all over the country.

We are grateful to all those who have contributed in some way to the success of this event and we hope that this will be the beginning of the revolutionary change in the Medical field and that people will begin to see life and health through the Homoeopathic perspective.

Dr. Veerabramhachary
Organising Secretary
XI All India Homoeopathic Congress-98



FROM THE DESK OF SECRETARY GENERAL, HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA

I am very Happy that Homoeopathic Medical Association of India, Karnataka State Branch is hosting XI All India Homoeopathic Congress in this Garden City of India.

I welcome all the participants, guests, speakers, dignitaries attending this congress.

HMAI holds All India Congress and seminar every year alternately I am happy that large number of delegates from all the fields of Homoeopathy attend these functions.

HMAI has tried to Improve standard of Homoeopathic Education, practice and research through it's scientific seminars.

Academicians, Educationists, Super Consultants, Clinical and Pharmaceutical Research Workers, Teachers and Students in the field of Homoeopathy actively participate and share their experiences in these programs.

HMAI has planned to start Continuing Homoeopathic Medical Education Programs in each state through co-operation of state branches. I am sure it will be supported by Central & State Governments, CCH, CCRH, Homoeopathic Colleges, Teachers, Students and Practitioners. Experienced and renowned professors will help in implementing the CME programs.

HMAI has proposed to build HMAI BHAVAN in every state which will be center of all HMAI activities such as CME, Research, etc. in that state.

HMAI is the main body of HOMOEOPATHY in India.

Homoeopathy is universal science for CURE of disease, it must get place in all the Central and State level hospitals. health centers, dispensaries equally like other Systems of Medicines. Combined efforts of all of us are required to achieve this.

For integrated development of Homoeopathy and HMAI and welfare of Profession of Homoeopathy, sincere efforts of all the elements in the field of Homoeopathy are required. HMAI is the medium through which integration of all such elements is possible. We have to make HMAI stronger and stronger and we must remain united. At present HMAI is the largest association in the globe and I hope it will remain so all the time.

I am happy to say that the grand success of this August congress is all due to leadership of Organisers of HMAI Karnataka State Branch. I am very much thankful to Dr. Veerabramhachary, Dr. M.R. Srivatsan, Dr. Z.M.L. Hasan and all their associates in Organising Committee.

I am sure that this Congress will help for bringing all our Homoeo Brothers and Sisters in southern states under one banner of HMAI.

I thank all the Guests, delegates, speakers coming from all the corners of India. I also thank CCH, CCRH, Govt. of India, Govt of Karnataka, State dignitaries, Govt. Departments, various Institutions, Homoeopathic Medical Colleges, Universities, Donors, Advertisers, all the HMAI Units, State Branches, Office Bearers at all levels, Executive Committees, Auxiliary Bodies and all the HMAI members who directly or indirectly helped to make this August Congress Grand Success.

JAY HOMOEOPATHY, JAY HMAI, JAY BHARAT

Dr. Pralhad Wadgaonkar
Secretary General,
Homoeopathic Medical Association of India



Dr. Veerabramhachary

FIVE YEARS OF HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA KARNATAKA STATE BRANCH

General Secretary's Report

Homoeopathic Medical Association of India Karnataka State Branch

The last five years have seen the growth and development of Homoeopathy all over the world. In Karnataka this growth has taken a quantum leap forward mainly because of the keen and active interest taken by the members of Homoeopathic Medical Association of India, Karnataka State Branch.

The XI All India Homoeopathic Congress being held at Bangalore and hosted by the H.M.A.I., Karnataka State Branch is the latest step that we have taken in our movement to develop Homoeopathy into a full fledged medical system, recognized for it's worth and given its' proper place in the Health management and planning of the Country.



The Inauguration of the Karnataka Chapter of the H.M.A.I. was first step taken in creating an organized lobby to represent and promote the interests, rights and philosophy of the Homoeopathic fraternity to the people of Karnataka and India. ***Shri Oscar Fernandes, M.P.,*** *Inaugurated the Organisation and has been a source of continuing support.*

(Also seen in the picture are Sri H.M. Revanna, Former Health Minister, Dr. Veerabramhachary, Gen. Secretary, HMAI, KSB).

The First major activity of this newly formed body was to organize a National Seminar in 1993 at the Taj Residency Hotel Bangalore. This was a grand success and well attended by over 500 doctors all over the Country. It was Inaugurated by the then Chief Minister Shri. Veerappa Moily.



(Also seen in the picture are Sri Patil, the then Health Minister, Govt. of Karnataka; Dr. S.P.S. Bakshi, President, Central Council of Homoeopathy).

In 1994, the National Homoeopathic Quiz was organized and was telecast over the National network of the Doordharshan. It was a grand success in achieving the objectives of popularizing Homoeopathy but financially we did badly but we are happy to say that we were able to over come the problem.



Dr. Hahnemann's Birth Anniversary - 1995,
(Seen from left to right in the picture are Dr. M.R. Srivatsan, President, HMAI, KSB; Dr. S.M. Angadi, Director, ISM & H; Sri Ugrappa; Sri P.G.R. Sindhia the then Home Minister, Govt. of Karnataka; Dr. H.C. Mahadevappa, Health Minister, Govt. of Karnataka; Dr. B.T. Rudresh; Dr. Veerabramhachary, Gen. Sec. HMAI, KSB)

In 1996 the hard work of the previous three years began to pay off. Our services to the fraternity were well recognized when all the candidates fielded by the Association for the Karnataka Board of Homoeopathic System of Medicine won by very large margins and took more than seventy five percent of the votes polled.Then when the Board was constituted the General Secretary of the H.M.A.I. Karnataka State Branch, Dr. Veerabramhachary, was unanimously elected as the President and he assumed office in November 1996.



(Dr. Padmanabhan, Director, Indian Institute of Science, Inaugurating to 241st Birth Anniversary of Dr. Hahnemann - 1996).

In 1997 the Association started to grow and more and more district of Karnataka joined forces with us. The first unit to be inaugurated was the Hubli Unit and we decided to celebrate the 1997 Birth Anniversary of Dr. Samuel Hahnemann at Hubli. It was a memorable success and the seminar held at that time was attended by about 400 delegates from all over the State.



(Seen in the picture are Sri H.K. Patil, leader of opposition, Legislative Council, Karnataka, Sri Ashok and Sri Jagdish, MLAs (Hubli Urban and Rural). Also seen are Dharwad Unit President Dr. R.T. Katkar and Secretary Dr. H.O. Mruthyunjaya).

Dr M R Srivatsan the President of H.M.A.I., Karnataka State Branch was elected by a huge margin as the elected member from the State of Karnataka to the Central Council of Homoeopathy.



The Gadag and Harihar units were inaugurated in the beginning of 1998 in grand style.



(Seen in the picture are Sri D.R. Patil, MLA, Gadag; Dr. S.V. Totagantimath, President, Gadag Unit HMAI, KSB; Dr. N.M. Burbure, Secretary, Gadag Unit, HMAI, KSB; Dr. Z.M.L. Hasan, National Vice President, HMAI; Dr. Verghese Samuel, Organising Secretary, HMAI, KSB; Dr. V.S. ShastriMath, Vice President, HMAI, KSB).



(Sri H. Shivappa, Industry Minister, Govt. of Karnataka, Inaugurating the Harihar Unit of HMAI, KSB; Also seen are Dr. Ramesh Setty, President, Harihar Unit; Dr. M.R. Srivatsan, President, HMAI, KSB; Dr. R. Hanumanthasetty, Advisor, HMAI, KSB, Harihar Unit).

The Belgaum unit was also inaugurated in the beginning of 1998 in grand style and we are working for one Unit in every district of Karnataka by the end of the century.



(Seen in the picture during the inaguration of Belgaum Unit; Dr. V. Vernekar, Vice President, HMAI, KSB; Dr. Veerabramhachary, Gen. Sec. HMAI, KSB; Dr. M.R. Srivatsan, President, HMAI, KSB).

We found that many of the members were not being kept informed of the developments in the Association. Therefore in December 1997 we started a New letter ***"Homoeopathic Forum"*** *which is being circulated Free of cost to all the members of the Association. It has been a great success and we hope to expand its' scope in the near future.*

The Association has been conducting several Free medical clinics and camps in around Bangalore as well as in different parts of the State. The respective Units have been doing great work in conducting clinical meetings and organizing camps and clinics for the promotion and popularity of Homoeopathy at the grass root levels.



The continuing medical education Programme of the Association has been a continuing success. We are proud that we have been meeting every third Sunday of the Month without fail for the past Five years, several Doctors of experience and repute have shared their experience and ideas to enrich the growing Homoeopathic community. The Units have also been active in this field and a lot of good work is being done. We congratulate them all and encourage them to continue the process of growth and development and encourage all others to join in this progressive movements.





(Seen in the picture are Dr. G.N. Mukherjee, the then Sec. Gen. HMAI; Dr. S.P. Koppikar, President, Tamilnadu Homoeopathic Council; Dr. Md. Aleem during National Homoeopathic Seminar-1993.



(During the National Homoeopathic Seminar, December 1993 at Goa, the then Chief Minister of Goa, lighting the lamp; also seen are Dr. G.N. Mukherjee, the then Sec. Gen. HMAI; Dr. Diwan Harish Chand, Senior Homoeopath; Dr. Dhakulkar, the then President, HMAI; Dr. S.P.S. Bakshi, President, CCH; Dr. (Ms) Martins and Dr. Vasanth Hazare, the then Org. Sec. HMAI).

HMAI ACTIVITIES



(Seen in the picture during the Homoeopathic Seminar at Pune - 1996 are Dr. Pralhad Wadgaonkar, the then Vice President, HMAI, and Present Sec. General HMAI greeting Dr. D.P. Rastogi, President, HMAI).



(Inaugural function of the X All India Homoeopathic Congress-1996 at Calcutta, seen are the dignitaries and stalwarts of Homoeopathy on the dias).

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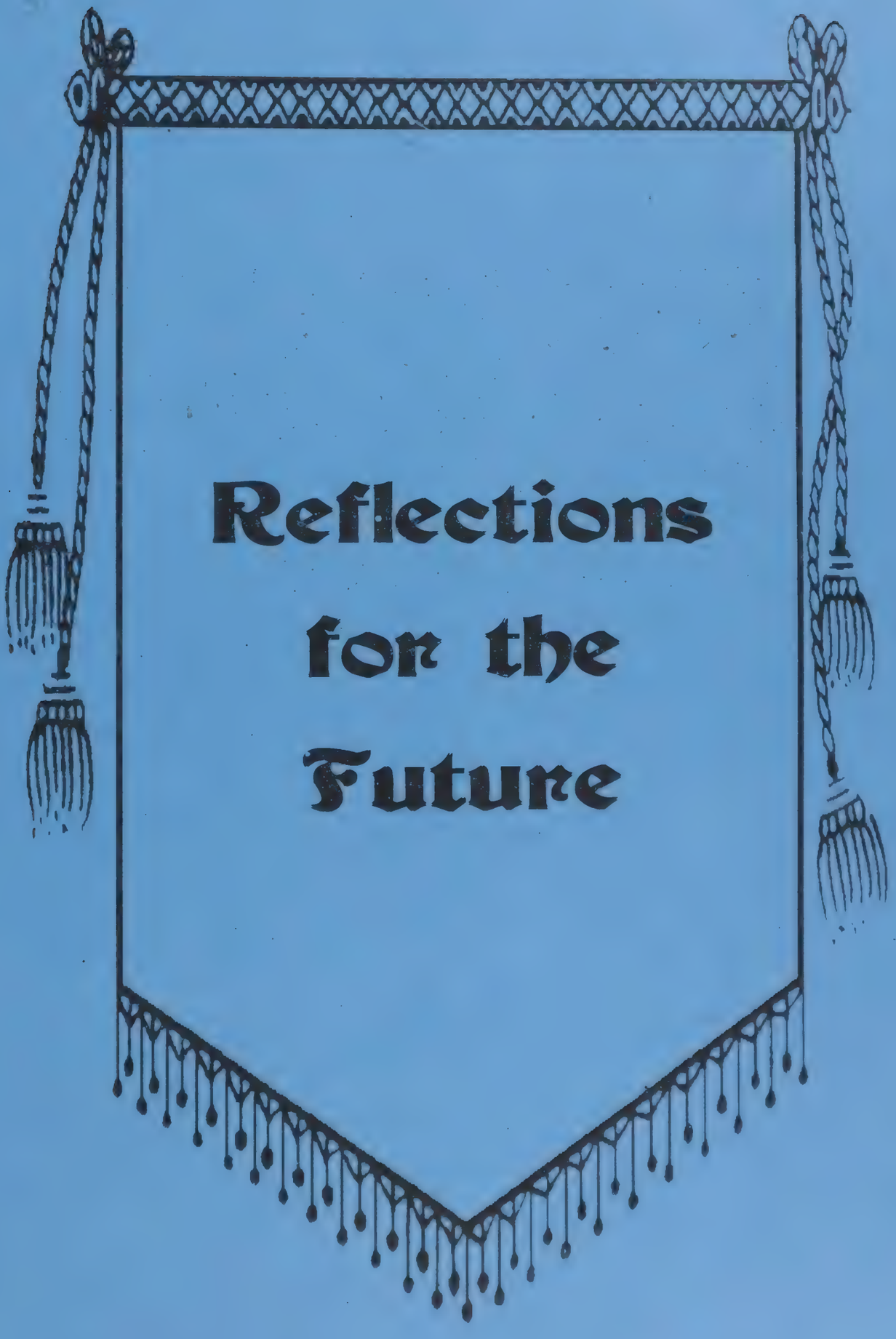
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Reflections
for the
Future

NEED OF THE HOUR

Dr. J.N. Kanjilal
M.B., D.M.S., Calcutta

Founder President, The Homoeopathic Medical Association of India.
Asstt. National Vice-President, International Homoeopathic Medical League. (L.M.H.I.)
Chairman Scientific Committee, XXXII International Homoeopathic Medical Congress, India, 1977

Dr. J.N. Kanjilal, one of the pillars of Homoeopathy in India, touches a sore point in this article written specially for The Homoeo Journal. History's only lesson, he says, has been that Homoeopaths have gained nothing by trying to make themselves acceptable to Allopaths. Rather, Homoeopathy has suffered grievously in the West by following a policy of adjustment with the dominant school instead of standing on its own legs.

The author also makes an impassioned plea for unity in the world homoeopathic fraternity. - ***J.C. Jain***

This planet of ours is getting smaller and smaller, thanks to the increasing facilities of communication. People of the distant countries are coming closer. Fraternal relations in human race is getting more and more lively, dynamic, purposive and active. Economic, cultural and social-differences are steadily tending to be annihilated.

Another peculiar feature of the present age is that Homoeopathy, the most advanced system of medicine with its more rational and objective principles and technology, is steadily drawing more attention of the people, scientists in particular.

It is high time that all the Homoeopaths of the world join hands to remove all the lacunae that still exists in the principles and technology.

It is also time that they unite to remove the lags in the profession in the matter of their application in practice and above all, effective education in this system of medicine, so that it can adequately fulfil the expectations of people.

Fortunately, the machinery for gathering all homoeopaths of the world on one platform has been in existence for more than half a century - in the form of the International Homoeopathic Medical League. -

(Liga Medicorum Homoeopathica Internationalis - L.M.H.I.)

The two basic factors which are standing in the way of solidarity in the Homoeopathic fraternity are.

1. Erroneous definition of a "Homoeopathic physician".
2. Irrational formulation and application of the Rules (6) and (7) of the **Statues** of the LMHI.

Let us consider these factors at length.

1. Definition of a Homoeopathic Physician

It is as early as 1889 that the American Institute of Homoeopathy formulated the definition as - "A Homoeopathic physician is one who *adds* to his knowledge of medicine a special knowledge of Homoeopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance and right" (*Italics mine*).

There is no quarrel with the last sentence. But there exist some damaging flaws in the first. "A special knowledge of Homoeopathic therapeutics" can never be isolated from the "observation of the law of similia". The law of similia means that, the drug disease i.e. the whole disease picture (involving the different organs, tissues and other constituents of the body with their peculiar abnormal sensation, functions and structure yielding a definite "totality of symptoms" created by an individual drug must be similar most to whole disease picture (totality of symptoms) of the particular individual patient as a whole, in a particular dynamic phase of development. This entails a new and peculiar approach to and utilisation of all the medical data (including body, mind and soul) observed and elicited in the patient, quite distinct from the traditional approach to and utilisation of those data.

Hence the problem of being converted into a homoeopathic physician is not simply knowing some facts of homoeopathic therapeutics and merely adding them to the traditional knowledge of medicines as it is. A homoeopathic physician must have a thorough conception and conviction of the implication of "observing the law of similia" in his medical career with the sole mission of restoring the whole sick person to a healthy state.

This engenders a radically new form of therapeutics with corresponding auxillary measures and regimen, completely distinct from those of traditional medicine and unavoidably necessitates a radically reoriented approach, assessment and utilisation of whatever there is in traditional medicine inherited by him, including those which are being newly added daily.

This flaw in the definition has been the cause of inclusion and labelling of many a person as a full-fledged homoeopathic physician (with active membership in the LMHI who completely ignores the basic principles of homoeopathy, but only occasionally use, according to their personal fancy or convenience, one or more so-called homoeopathic medicines which happen to have some sort of symptomatic similarity with some of the manifestations of the patient, staunchly sticking to their static mechanical materialistic basis of traditional medicine; while at the same time eliminating many a real homoeopath.

These physicians, however learned they may be, cannot be accepted as full fledged homoeopathic physicians; just as their counterparts who keep themselves confined exclusively within the subjective symptomatic aspects of homoeopathy, totally ignoring the dynamic objective aspects of the same, totally flouting the Aphorism 15 of the Organon.

I am therefore, of the firm view that this irrational and harmful flaw in this definition of a homoeopathic physician must be amended immediately if the homoeopathic society is to be based on healthy and solid ground. And in my opinion the more correct definition of a Homoeopathic physician should be as follows;

"A Homoeopathic Physician" is a person who has a rational and utilitarian knowledge of and grasp on, all medical facts so far acquired by man, as much as practicable, with a holistic, individualistic and dynamistic approach to health, disease, and cure, and sufficient adroitness in therapeutics based on the law of similia with its inseparably related principles of dynamic pathogenesis of drugs, single remedy, minimum dose, and non-interference with the manifest curative actions of the prescribed remedy, all of which are dependent upon the basic approach holism, individualism and dynamism."

Obviously, fulfilment of all the norms of this definition entails life-long sincere perseverance for any person. Even then, any person of average honesty, intelligence and diligence accepting this definition can be expected to develop himself into more and more efficient homoeopathic physician by continuous personal efforts in the field of study and practice, as has happened to many a mediocre person like my humble self. Collective efforts through mutual discussions, symposia etc. may immensely help this process.

2. *Flaws in the Rules 6 and 7 of the Statutes of the L.M.H.I.*

(1) It is not clear why of all the specialities Stomatology alone has been earmarked. In my opinion, any person with any form of recognized medical qualification of any discipline or any specialist in any branch of medicine can be accepted as an Active Member only provided he accepts the above formulated definition of a homoeopathic physician and pledges to develop himself as such.

(2) Diploma of a University

For about three quarters of a century no university of any country has taken up homoeopathic education in its purview, except that, some universities in India have just taken up this task.

The L.M.H.I. stipulation therefore implies that a homoeopathic physician must first have an allopathic diploma of any university. But it is most often actually found that a grounding in the traditional medicine, instead of helping in comprehending homoeopathic principles and technology, and in acquiring adeptness in their practical application, works as a hurdle, overcoming which requires extra efforts.

Medical education in an allopathic medical institution, should not logically be made an essential condition of choice, for being accepted as a homoeopathic physician.

Nevertheless, in countries where there is no arrangement for medical education except through the allopathic institutions, there is no alternative.

However, in India, Pakistan and Bangladesh there are statutory arrangements for medical education through homoeopathic institutions under statutory Councils/Boards guiding and controlling the education in such institutions and conferring the proper diplomas. These officially recognised diplomas should be deemed as sufficient for being accepted as a Homoeopathic medical qualification, rather be given more value than the diplomas which have no relation to homoeopathy.

But very unfortunately and irrationally this L.M.H.I. Statutes refuse to do that, much to the detriment of the strength and solidarity of the homoeopathic society.

We all know of many a person in many a country, who had neither an opportunity to obtain medical education under any university or even a statutory Council/Board; but who simply by personal efforts has acquired sufficient (often remarkable) knowledge both in general medical subjects as well as in homoeopathic principles and technology with a clear rational approach to essential medical facts.

The L.M.H.I. can arrange for an appropriate course of training for this class of homoeopaths for bringing them up to the required standard, "and for making them acceptable as "Active Members" and take them in, after a regular screening examination to ascertain whether they are capable of developing themselves into a real homoeopathic physician.

In my opinion, each and every candidate for active membership, whether he or she comes with diploma conferred by any university or statutory Council/Board or taught otherwise, should pass through such a screening examination before being accepted into the LMHI as an Active Member.

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(3) I fail to comprehend the true meaning of the following categories of Active Members namely National Homoeopathic Societies, Schools of Homoeopathic Teaching, Homoeopathic Hospitals, any body corporate. Do these mean that the LMHI will accept as Active Member any representative sent by these corporate bodies, even if such representatives do not fulfil any of the other requirements of its membership ? Or, on the other hand, does it mean that all the members of the National Homoeopathic Societies, irrespective of their intrinsic qualities will be accepted by the LMHI?

The reality is that, the LMHI actually does not, or perhaps cannot, take either of the alternative steps. So this point needs clarification. Hence, I like to suggest the following amendments to these two rules of the Statutes of the LMHI;

"Clauses 6 & 7 (P-2) Active Members : The following categories of physicians or specialists are entitled to be Active Members, on fully accepting the Statues and its Bye-laws and Rules (including payment of fees etc.).

i. A graduate or diploma holder in homoeopathic system of medicine going through an officially prescribed course of study under a university or any other statutory Board/Council recognised by the Government of the respective country.

ii. A graduate in general medicine, veterinary medicine or any specialty (surgery, gynaecology and obstetrics, opthalmology, otolaryngology, orodentolgy. psychiatry etc.) who has gone through a course of study in homoeopathy, recognised by the Government of the respective country of (in its absence) by the LMHI.

iii. Any self-taught homoeopath who has gone through a course of training organised by the LMHI and passed the examination held by LMHI for the purpose."

I am quite conscious that these views and suggestions of mine will shock even hurt the feelings of many of my colleagues, particularly of the LMHI. But I appeal to them, with all the earnestness of my heart and soul, to critically assess the points made by me, as impersonally as possible. If they can do that, I am sure, the LMHI will turn into a really effective solid platform for synthetic, dynamic consolidation of all the forces of the homoeopathic society of the world, all the while steadily enhancing its intrinsic strength by continually elevating the qualities of its members by regular give-and-take, as well as its extrinsic prowess turning the whole homoeopathic society into an invulnerable force to be duly respected by all and sundry.

If they refuse to give due heed to these suggestions, the world homoeopathic society will miss the opportunity offered by history, and the LMHI will turn into a small, ineffective and impotent sect of high-brow physicians who only fancy to call themselves homoeopaths.

The only thing that may restrain their heart and brain from accepting this rational and objective approach to the problem, is perhaps the fear of annoying our brethren of the dominant school.

But history teaches us that we have so far gained nothing by striving to make us acceptable to their prejudices. On the contrary, homoeopathy in all the Western countries, particularly the U.S.A., once the citadel of the homoeopathic world, has suffered the most, by following the policy of adjustment with the dominant school instead of standing on its own legs with its own genius and social strength.

"Each work has to pass through these stages - Ridicule, Opposition and then Acceptance !"

- Swami Vivekananda

VALUE OF THE HMAI FOR EVERY HOMOEOPATH OF INDIA*

Dr. J.N. Kanjilal

The basic principle of the Constitution of the Homoeopathic Medical Association of India is to involve each and every homoeopath of India whatever may be his place of residence in the remote village or heart of the city, whatever may be his present personal views or group allegiance, whatever may be his present personal cultural, educational and professional level, into the general progressive movement of Homoeopathy in the whole country.

For practical application of this principle, the doors of HMAI remain fully open for every homoeopath irrespective of his personal status, views and allegiance, only provided he has relinquished all relations with his former group, party or organisation and is whole heartedly prepared to take this national body HMAI as the only forum for settling all his problems and disputes and achieving all his interests only by democratic means, rather than by various devious underhand means. Rather, HMAI wants to keep itself clean from the people who prefer those subtle undemocratic methods.

The supertructure of HMAI has been firmly based on the solid ground of Local Branches constituted by homoeopaths of different regions, so that each and every homoeopath of any region can be in touch with whole organisational form, policy matters and activities of HMAI, can get a channel to assert his views in all these matters, and actively participate in the works of national body.

Thanks to this organisational principle and form the Homoeopathic Medical Association of India will provide for the whole homoeopathic society of India, for the first time in the long history of Homoeopathy in the country, the following highly valuable and indispensable advantages—

1. *One Voice :*

   In the whole world, India can claim, for incomparably the largest number of people practising Homoeopathy (in total more than 3 lacs, of which more than 1 lac statutorily registered). Each practising homoeopath must have a minimum of about 200 clients or patrons for his bare subsistence by homoeopathic practice. Thus we see, definitely more than 10% of Indian people are beneficiaries of Homoeopathy (This rough statistical account is deliberately put on the minimum side, only to avoid controversy).

   Notwithstanding this huge number, the voice of Homoeopathy was not being heard, understood or duly respected by any body in the country either in circle of authorities or in the masses. The main reason for this situation was that the voice of Homoeopathy in our country, was so long coming from so many groups, parties and associations (two of which had All India standing) constituted by heterogenous elements with diverse interests, policies and view points, thus rendering the voice of Homoeopathy into futile, meaningless noises.

* From the State Conference of HOMAI, Chandannagar, December 1976

The situation has definitely changed with the establishment of the HMAI; the importance and significance of which is unshakably proved by the unpredictable increase of its membership strength and its fast spread into all the nooks and corners of the country. The HMAI has provided a solid and stable forum for the settlement of all divergent interests, view points, principles and demands on the basis of unbiased objectivity, honest logic and free democracy. These qualities, HMAI must ever guard and maintain, so that the voice emanating from it can be the sole and effective voice of Homoeopathy in India, carrying real meaning and force to all concerned and serving all the rational interests of Homoeopathy and, for that matter, maximum number of beneficiaries of Homoeopathy.

2. ***The social and political weight of each Member of HMAI has greatly increased:***

So long, social and political prestige of each homoeopath of ordinary rank or highest rank and their organisations, small or big, carried little real weight. Each of them tried to curry some favour or other, from the different authorities by various means, often not very respectable. Even the two biggest all India organisations were often played against each other by the authorities. Many instances can be cited to prove this fact. But now each member of the HMAI has the strength of HMAI at his back. And those authorities which have to count upon the support of the people shall have to give due respect to the HMAI as representing the whole homoeopathic society of India, including all its beneficiaries, that is 10% of the population. This respect cannot but accrue ultimately to each member of HMAI. Evidence of this prestige and strength are already at hand, even at this infant stage of HMAI.

3. ***All homoeopathic activities in the country under official or unofficial control shall have ultimately to come under the overall surveillance of HMAI, at par with the I.M.A. influencing allopathic medical activities.***

So long, the homoeopathic society of the country had absolutely no influence over the various institutions conducting homoeopathic education and research works under the control of various statutory Council/Boards, Universities, Government bodies etc., as well as Homoeopathic medical and health services and various other homoeopathic activities of the Governments. But now HMAI has already started to bear some influence on all these activities. And this influence is sure to go on increasing pari passu with the maturity and virility of HMAI. Each member of the HMAI will have to take due share of responsibility in all these affairs.

4. ***Ethical guidance and control of the homoeopathic society:***

So long the homoeopathic society of the country was remaining very fertile ground for highly lucrative exploitation for various commercial concerns (manufacturing and selling various pseudohomoeopathic products) and Diploma/Registration dealers. These forms of filthy business were thriving only due to low ethical, cultural and educational level and craze for any form of fake diploma, of the vast masses of homoeopaths. The HMAI will have to take adequate responsibility for saving the

homoeopathic society from all these unholy exploiters, and vindicate its social prestige by cleansing it from all sorts shameful fake diplomas. All the members of HMAI will have to cooperate in this matter.

5. *Participation in Research Activities:*

The HMAI is planning to conduct various items of research, viz., Drug proving, Clinical research, Homoeoprophylaxis, finding Genius epedemicus, Various forms of Literary research etc., which can be conducted best by active participation of general practitioners in the field.

6. *Elevation of social, cultural, educational and scientific standards of individual Homoeopaths:*

Each member of the HMAI will get enough scope for improving himself in all aspects by actively participating in as many items of works of HMAI as possible and thus contribute immensely in elevating the standard, and prestige of the whole homoeopathic society of India.

A good leader takes a little more than his share of blame; a little less than his share of credit.

The introduction of Homoeopathy forced the old school doctor to stir around and learn something of a rational nature about his business. You may honestly feel grateful that Homoeopathy survived the attempts of allopaths (the orthodox physicians) to destroy it"

- Mark Twain

DOCTORS AND DOCTORS

One Little doctor looks through and through Can't diagnose your case and there are two.
Two little doctors failing to agree call a consultant and then there are three.
Three little doctors poke you over and over, send for a specialist, and then there are four.
Four little doctors wonder if you are alive, another brings a stomach pump, then there are five.
Five little doctors trying fancy tricks, order for the X-ray man, then there are six.
Six Little doctors proposing you for heaven, bring in a surgeon, then there are seven.
Seven little doctors, decide to operate, call in an anesthetist, and then there are eight.
Eight little doctors all of them are men, send for a lady doctor, and then there are nine.
Nine little doctors standby your bed, come to a decision that you are **"DEAD"** !

HMAI is the only Potent Common Home, Refuge and Fortress for all grades of Homoeopaths in India with diverse interests, at the present phase of history

Dr. J.N. Kanjilal

Historical Background

We all know that Homoeopathy came to India during the very life time of its founder, Hahnemann, and found a very congenial soil in this country, and spread from the cities to the remotest villages only by dint of its own merits, without any organised effort from any side. This spontaneous growth and propagation of this system of medicine both in the sphere of practice and education went on till the forties of this century. Official attention to the practice and education of this system of medicine started to take some concrete shape only in 1943, in Bengal. Since then on, statutory recognition and control of Homeopathic practice and education have spread to most of the States of India.

The following have the natural outcome of this unguided and uncontrolled growth and spread of this system of medicine for more than a century and a half.

1. The homoeopathic profession has become thronged by vast masses of people of different walks of life, different levels of general education and culture and divergent interests, beginning from holders of degrees in the traditional medicine to the lay people of lowest educational level.

2. The real essence of Homoeopathic medical education has not yet been formulated. What, at present, is being labelled as homoeopathic education is utterly failing to yield true practitioners of Homoeopathy. *A large majority of the so-called qualified homoeopaths are practicing anything other than Homoeopathy.* This is due to the fact that the statutory initiators and formulators of systematic homoeopathic education (including curricula, syllabi and pedagogy) as it prevails today, and controllers of homoeopathic practice, are themselves mostly products of the spontaneous growth narrated above. They have done so according to their own personal conception of homoeopathic principles and approach to medicine from the homoeopathic point of view, As yet no organised effort has been made to clearly formulate what is real Homoeopathic education, qualification and practice.

Thus the fate of real progress of Homoeopathy in our country is still remaining at the mercy of spontaneity at the hands of the so-called qualified homoeopaths as well as lay homoeopaths.

Growth of various sects in the Homoeopathic Society

As a result of these later developments, the whole homoeopathic society have become divided into two main categories : (I) The institutionally qualified homoeopaths and (II) the self-taught homoeopaths.

Each of these two categories are again sub-divided into various sections as follows :

I. Institutionally trained homoeopaths have various categories depending on their period of study -- 2, 3, 4 or 5 years.

II. The self-taught homoeopaths have the following categories :

1. Those who have obtained a diploma at par with the institutionally trained homoeopaths by passing an officially prescribed examination.

2. Those who have obtained a registration certificate on the basis of their experience in practice and passing a merit test examination for that purpose only.

3. Those who have failed to avail of the opportunity of registration for various reasons, still they are keen to prosecute their homoeopathic practice.

Any body pondering over these facts of historical development of Homoeopathy in our country, with open impersonal and unprejudiced mind, cannot but draw the following conclusions.

1. All the members of these different divisions and sub-sections have been drawn to Homoeopathy basically because they accepted as the sole mission of their life curing the sick most rationally, judiciously, in the shortest possible time, in the most harmless way on easily comprehensible principles.

2. No member of any of the above-mentioned categories / sects (including even the so-called qualified ones) is satisfied with his respective level of education and training. Each one of them wants to improve his respective standard of proficiency in fulfilling the basic mission of his life as a homoeopathic practitioner, by any suitable means available.

3. These multiple division of the society has seriously weakened the virility of the whole homoeopathic society and has ever been standing in the way of its all round progress and development. But none of the sections is itself responsible for this crippling division of the society. It is only the history of growth of Homoeopathy in our country which is responsible for this. Hence, there should be no mutual animosity amongst the different sections of the society. Rather, we should consider all section as brother of the same family; and we should live together in mutual symbiosis in the interest of the healthy all round growth and development of the whole family for the service of the human race at large.

Nobody can be held responsible for being born in a poor backward peasant family. The different siblings of the family may develop in different ways, depending on his personal merit and opportunity : Some may develop into an I.A.S. officer, some into a Minister, some into a highly respectable professional (doctor, engineer, lawyer, etc.), some into clerks; a number may remain ignorant peasants. But in the interest of most dependable personal sustenance, each member of the family should maintain fraternal relation with the family as a whole. Some one of those rising to higher strata of society may be enticed to disown his blood relations with family. This will only deprive him from his most legitimate shelter and surest source of substenance, and make him vulnerable to various inimical environmental forces.

The social image of the family does, ofcourse, depend on those siblings who have been able to raise themselves to the higher strata of the society. But their rearing up, education etc. have all been at the expense and affectionate care of the family.

The same analogy may be squarely applied to the spontaneously grown up homoeopathic society of our country. The social image of Indian homoeopathic society depends today mainly on the institutionally qualified homoeopaths. All opportunities in the field of

health services, education, research, etc. cannot but go to the institutionally qualified homoeopaths through various selection committees or Public Service Commissions. The various other sections including the non-institutionally qualified ones can never complete with them in these technical fields. But these institutionally qualified homoeopaths should never forget that, it is the vast masses of self-taught, so-called lay homoeopaths that spread homoeopathy to the nooks and corners of India and created the general popularity of this system of medicine sufficiently to put pressure on the authorities. Thus, it is basically these homoeopathic masses that created the various fields, now going to be enjoyed by the institutionally trained homoeopaths. Steady extension of these facilities and opportunities shall depend mainly upon the dynamic as well as numerical strength of these masses of so-called Lay homoeopaths for pretty long time until the numerical strength of the institutionally trained homoeopaths acquite sufficient weightage. Even the increase in number of qualified homoeopaths by opening sufficient number of homoeopathic teaching institutions by the authorities will depend mainly upon the pressure the voters in this field, that is, these masses of lay homoeopaths, their patrons and beneficiaries. If the institutionally qualified homoeopaths alienate themselves from their own family, they will only deprive themselves from history-gifted main source of strength and all their struggle for existence and advancement will become important.

On the other side, the vast masses of self-taught homoeopaths should realise clearly, whatever may be their numerical strength, the raising up of their technical, educational, cultural and social level depends mainly on the institutionally trained homoeopaths. And the very survival of Homoeopathy in our country in the present age of rapid progress in all the fields of science, depends upon opening of sufficient number of really efficient homoeopathic teaching institutions all over the country. For this also they will have to take active initiative in close collaboration with the institutionally trained section.

Thus, it is clear that no section of the homoeopathic society can advance a single step, if it looks only to its own sectional interest in isolation from all others, and least of all, in hostility with them.

Very fortunately for the all round advance of Homoeopathy in our country, the whole homoeopathic society has lately realised this indispensable necessity and has already established an highly promising and effective machinery in the form of the HMAI. This national body, since its very inception has been striving its level best to re-incorporate into itself all sections of homoeopaths of our country disintegrated by historical development narrated above and looking to the legitimate interests of all the different sections, by mutual symbiotic efforts of all of them; thus elevating the standard of Homoeopathy and homoeopathic society of our country, and leading the same to endless path of progress.

It is high time that each and every homoeopath of India, in whatever section he may belong to, comprehend this basic quality of the HMAI with its most salutory and ambitious aims, dedicate himself thoroughly in spirit and body in all the activities of the HMAI for achieving these aims; and at the same time realise thoroughly that there can be no other effective machinery for achieving their sectional interests.

(Note : In this account, I leave part those self-styled homoeopaths who have infilterated themselves into the homoeopathic society of our country for any purpose other than achieving the basic aim and interest of a homoeopath, viz. to serve our fellow beings with the only curative and cheapest medicine. These enemies of mankind have to be tackled with cool and balanced brain by various means; and that again with the solidly united efforts of the whole homoeopathic family).

PERSON - BASED ORGANISATION & PRINCIPLE - BASED ORGANISATION

Dr. J.N. Kanjilal

Man is a social animal. Communal life is a social instinct with him. Basically, of course, this instinct originates from the feeling of the necessity of struggle against various forms of adverse environmental factors and enemies, for the purpose of making his personal life more easy and safe and gradual spontaneous realisation that this purpose can not be achieved without all round improvement of the whole society. The high form of living conditions of man as we find today has been possible only by dint of social progress.

But the matter of putting to fruitful effect this natural instinct of man for the survival and improvement of self, requires some amount of intellect. Unfortunately, this faculty of intellect is not possessed equally be all men. On this score, there exists immense difference between man and man. In a particular society, the largest section of the people possess this faculty to a negligible extent, some people to a workable extent, and a few only to an extraordinary extent. It is for this reason that, in the poorly developed society of older times, the best of these few over-intelligent people became the leader or chief of the particular community or tribe. These chiefs ultimately became the omnipotent sovereign rulers of the different tribes. The masses of the particular tribe considered their chief as possessed of supernatural powers, and in the interests of their own survival, not only followed him blindly but adopted him as a god, and surrendered a large part of the products of their hard labour to the feet of the chief or king, and took it as a matter of virtue to sacrifice their lives for him. Then again, amongst the chiefs or kings the one who was comparatively superior in intellect and prowess wanted to subjugate others and extend his dominion. Thus, battle amongst the chiefs or kings was a perpetual feature of the age, at fatal cost of the devoted masses, This phase of human civilization is known as *the age of autocracy*.

Gradual progress of civilization, went on enlightening the masses. By and by, their consciousness about the interests of their own selves versus those of the whole society went on increasing; the real nature and quality of the leaders became revealed to them more and more clearly. Gradually they began to realise that the preservation and improvement of their own interests depend basically on the progress of the whole society. They began to realise that they need not depend blindly on their leaders for deciding the principles and methods on which they should work for advancing the society; and that these could better be formulated by discussing and arguing among themselves, and by practical application of them in the field of work. Since then they gradually discarded the path of blindly obeying the orders of the leaders and sacrificing themselves for them, and took up the path of deciding the principles and methods democratically by themselves, clearly formulating them in the form of a Constitution and dedicating themselves for the Constitution rather than for any leader. The Constitution must be solemnly respected as the supreme ruling force to which even the supreme leader has to surrender. This phase of civilization is called the age of democracy. We Indians have now entered into this age.

If we cast our eyes into the one hundred and fifty years' history of development of the homoeopathic society in our country, we shall find a repetition of same natural phenomena of social evolution. Upto only a few decades ago the whole homoeopathic society of our country was remaining divided into so many small or large groups under the sway of respective group-leaders or chiefs. Remnants of that tendency are still not completely cleared out. Conscious and systematic efforts to sweep away these remnants started only about 17 years ago in West Bengal. A large number of homoeopaths of that State had already began to comprehend the futility and evils of person-based organisations. They started to realise that they are gaining nothing by keeping themselves divided and isolated in so many groups, fighting with each other. So they began to think about various ways and means by which the barriers of this isolation could be broken and all the homoeopaths of the State could be brought into a common platform for fighting for democratically decided objectives by democratically decided methods.

For this purpose the representatives from all the different groups of homoeopaths in the State gathered together at Purulia in December 1961 and elected a committee titled as West Bengal State Homoeopathic Coordination Committee; which was directed to formulate a suitable Constitution with clear aims and objects acceptable to all, within one year, and submit the same in the next Conference for proper ratification.

This Committee with strenuous efforts and good number of meetings finished its task in time and submitted its formulation in the 2nd West Bengal State Homoeopathic Practitioners Conference held in Calcutta in December 1962, where the whole Constitution with some amendments was unanimously accepted and adopted and the desired organisation was born with the name of the West Bengal State Homoeopathic Fedaration (Paschim Banga Rajya homoeopathic Sangha, in Bengali). In this organisation more than 80 associations of various dimensions and areas joined together with their indentity and internal autonomy intact, and worked for 12 years on the basis of democratically settled working programmes from year to year. In this process of federated activities, the consciousness of individual members went on increasing and deepending by leaps and bounds. By and by, they came to realise clearly that if the aims and objects are to be realised with sufficient speed and force they must break up their seperate identities and turn the organisation into a unitary sovereign one. This general urge of all the members took shape in the form of a unanimous resolution in the 13th annual Conference at Siliguri in 1973 and organisational form in the 14th Conference at Calcutta in 1974, when the federal Constitution was replaced by a unanimously adopted unitary Constitution and the old name of the Federation was discarded in favour of simple Paschim Banga Rajya Homoeopathic Sangha with great enthusiasm. The Sangha in due course of time, turned into the West Bengal State Branch of the **Homoeopathic Medical Association of India**.

While the homoeopaths of West Bengal were thus approaching towards a thoroughly democratic unitary organisation based on well defined principles and objectives, the homoeopaths of the whole country were not at all sitting idle.

The conscious section of the homoeopathic society of the country as a whole, was thinking of forming a unitary All India organisation for last 4 or 5 decades. Led by this urge, some homoeopathic leaders of the country organised an all India homoeopathic Conference at

Calcutta in 1932, where a unitary organisation was formed with the name, All India Homoeopathic Medical Association. The main or practically the only objective of that Association was to extract due recognition of Homoeopathy from the Government. The leaders of that organisation while working together for some years gradually developed internal quarrels among themselves. As a result of that a separate organisation was formed in 1944 with the name of All India Institute of Homoeopathy. Since then till the birth of West Bengal State Homoeopathic Federation, for about two or three decades, the main business of the two all India organisations was to fight with each other in all fronts, although, paradoxically enough there was hardly any difference in the aims and objects of either organisations, that could not be settled by mutual discussion on objective basis. Even the few fundamental differences that existed in the beginning (e.g. the matter of giving membership to non-institutionally trained homoeopaths) was later on liquidated by pressure of objective experience. Even then the leaders of either organisation were not being able to unite together, or to tell more frankly, did not desire to unite together only due to their own personal motives and interests. This, however, does not mean that those two organisations did not do any positive work in the three or four decades of their life. They did many works. But the speed and positive effect of their works were hampered at every step owing to their mutual strifes, the effect of which had to be suffered by the whole homoeopathic society. As a result of this, the homoeopathic society of the whole country was gradually becoming indifferent with respect to both the organisations and the membership strength of both particularly of the Institute was falling to insignificant number.

In the meantime the birth of the federal organisation of West Bengal homoeopaths cast some ray of hope on the homoeopathic society of the whole country. And some of the workers of the West Bengal State Homoeopathic Federation took up the task of continuous efforts for rousing up unity movement all over country, and continuous negotiations with the leader of either organisation with a view to liquidate their differences and bitter relations and bring them closer. In this process, these workers of the Federation had to pass through many obstacles, disappointments and hopeless dark situations, with immense patience, perseverance, foresight and tactfulness.

This ceaseless labour bore fruit after ten years in June 1972 at the All India Homoeopathic Congress at Bangalore under the aegis of AIIH. More than one thousand homoeopaths gathered at that Congress and raised up an insuperably high symphonious voice for a unitary soveriegn all India Homoeopathic Organisation. Even at that moment of highest tempo, one of the intensely influential supreme leaders of the Institute tried to set up some hurdles. But the inexorable high tide of unity flowed away all the obstacles. And the required resolutions for the formation of a unitary national homoeopathic organisation and for the formation of a Unity Committee of ten members, taking five from each of the two all India organisations, were unanimously adopted with top-most enthusiam. That Unity Committee, was directed to settle up all the organisational, technical and legal requirements for unity and formulate an appropriate Constitution acceptable to both sides and get the same passed by the general body of each of them within three months and arrange for a Joint Convention of both the organisation for ratifying the decisions and Constitution thus evolved, within six months.

It is not unnecessary to mention here that, the amount of sincerity and urge for unity as manifested by most of the leading members of

the All India Homoeopathic Association during the ten years of unity movement was shown by very few leaders on the side of the All India Institute of Homoeopathy. The activities of some of the leaders of this side proved to be all the more dubious. Some times they showed much cooperative attitude, but just at the strategic moment, they played such a trick, as the advancement of the whole unity movement was foiled for a long period. This sort of foul game went on from the beginning of the movement till its end, even for more than two years after the adoption of unity resolution at Bangalore.

To prove this fact, we need not go into the long story, only mentioning a few recent occurences in the short period of three years, from the preparatory phases of the Bangalore Congress to the Calcutta Convention, will suffice for the purpose : In the meeting of the Central Council of AIIH where the resolution for holding the Congress at Bangalore was adopted the following decisions were also taken, viz. - (1) A resolution for unity for AIIH with AIHMA will be adopted in the Congress and (2) all the members of the AIHMA will be invited to that Congress, so that it would turn into a Unity Congress. As per those decisions, the local organising committee of the congress at Bangalore, with great enthusiasm, widely spread their invitation to all homoeopaths irrespective of whether they were members AIIH or AIHMA and also took a decision to invite the then President of AIHMA to preside over one of the 4 Scientific Sessions to be held at the Congress and sent the same to the General Secretary of AIIH for approval, about 3 months before the date of the Congress. Getting no reply from centre in long 2 months they took the silence as consent, and issued format invitation to the President of AIHMA, as per their decision; and the latter gladly accepted that invitation. But an obnoxiously funny event took place at that the stage. It was not the General Secretary, but the topmost leader of the AIIH, mentioned above (who did not hold any official post at that time) issued a directive to the Secretary of the organising Committee not to invite any of the leaders of the other camp (AIHMA) for any respectable post in the Congress. This was only three weeks before the date of the Congress. Think of the utter awkwardness of situation : the organisers had to withdraw the invitation to a respectable person after he had accepted the same. Think of the plight of the poor invitee also. But the gentle man simply swallowed up this sheerly unwarrented insult, only for the sake of unity and attended the Congress in person, with a number of his confreres, and took active role in overcoming all obstacles in the negotiations at the Congress. Is this not a unique example of sincerity for unity of one leader and mischievous motive of the other leader ?

This is not the end of the story. As stated above, the Unity Committee was to finish its tasks within three months and arrange for the Joint Convention within six months. But the same particular leader managed to delay the whole programme for full 3 years. He was enabled to do this, thanks to another course of events. It was with the expectation that, the head of that particular leader would cool down and he would come to balance, he was made the President of AIIH at the Bangalore Congress. But very unfortunately, he utilised his post only for sabotaging every step of the Unity Committee. In this phase, the role of the few camouflaged leaders (as mentioned earlier) was the same as before. But ultimately the voice of the people prevailed, and unity was achieved as late as October, 1975, at Calcutta Convention and the long coveted unitary national sovereign organisation for all homoeopaths of the country came into being under the name **The Homoeopathic Medical Association of India.**

Leaving aside many other events, simply from the experiences of the latest movement for unity, each and every homoeopath of the country can not but take the following lessons -

1. No leader, however big or small, can be depended upon blindly, nor any other leader rejected simply at the instigation of the believed leaders. The faithfulness and dependability of each particular leader must be critically assessed, every moment, by the most reliable touch-stone of their actual activities in the field for achieving the cause of the organisation.

2. No activity of any organisation can of course, be conducted systematically and effectively with proper discipline without a hierarchy of efficient leadership. But every member must maintain a perpetual vigilance on the activities, movements and statements of each leader of any rank. If any of them deviates from the salutary path, he must be immediately brought to the proper rail; and if he refuses to be corrected, he must be forthwith demoted or totally discarded. Apparently, the leaders rule the masses, but really the masses also must rule their leaders, for their own safety and safety of the causes of the organisation.

3. Each member of the organisation must make themselves thoroughly acquainted with the Aims and Objects, Rules, Regulations and Bye-laws of the Association and constantly assess the activities of each of the leaders on the basis of them.

4. Each member must be thoroughly acquainted with the democratically decided methods of working for achieving the aims and objects and learn how to put the principles into practice correctly, so that each of them can attain to be the leaders of the movement, taking care, of course, not to develop craving for posts.

   In the process he will gradually realise that, work can be done better and more freely without having a post, which often limits the scope of work due to various factors.

5. Each member must scrupulously nourish and develop the salutary habit of being unbiasedly and objectively critical not only with respect to others but more with respect to his ownself.

6. Every member must solemnly respect the Constitution of the Association as the sole ruler under which even the top-most leader must unconditionally submit.

In one word, each member of HMAI will have to take vow that he will never allow the organisation to become leader-based and never get involved in any strife of the leaders, but cherish the Constitution as the pupil of the eye and keep the organisation perpetually based on principles.

If these methods are relentlesly and scrupulously followed by majority of members, our HOMOEOPATHIC MEDICAL ASSOCIATION OF INDIA will acquire endless achievements and will remain as an everlasting and ever-growing source of power for the whole homoeopathic society of our country, in the service of the people.

Knowledge is not knowledge until someone else knows that one knows !

- LUCITIUS

HOMOEOPATHY & ASSOCIATION

Dr. D.N. Paul
Birati-Madhyamgram Unit, West Bengal State Branch

While going to write this article one face is reflecting in my mind who taught me about Homoeopathy and Homoeopathic Association. In the year 1976. I have already come out from the Homoeopathic Medical College & Hospital after securing diploma. One fine morning my class-mate Dr. Birendra Nath Kanjilal called me and asked to go to Dr. J.N. Kanjilal who desired to see us. I can recollect from my memory the very day we met our teacher, Dr. J.N. Kanjilal. Our teacher was ill-tempered. We were thinking why he might have asked us to see him. We started thinking how he behaved with us. When we were his students he was not cool in nature, yet he taught us very seriously and sincerely. Most of us were aged (as we were night class students). He often asked questions in between class lectures to his students. If anybody was inattentive and unmindful in the class, he abused him roughly. So we were fearful and afraid of meeting him. However, our meeting on that day was very cordial and we were unable to think how that fearful teacher seemed to be an affectionate father. He advised us to practice homoeopathy as Hahnemanian homoeopath and abide by the rules and regulations as enunciated in the Organon of Medicine. He also advised us to join in the Homoeopathic Medical Association of India and open a Unit of the Association in our locality under the West Bengal State Branch. He told us in details of the Association. On that day I have discovered him as a philosopher, teacher as well as the leader of the Homoeopathic world.

From the next morning as per advise of our teacher we started the work for unit of the Homoeopathic Medical Association of India in our locality. We did not face much trouble to open the Unit under West Bengal State Branch of H.M.A.I. During his life time and even to-day our Unit is the largest of all in India. As per his advise we opened a Student Health Care Unit managed by homoeopathy first in India, at New Barrackpur Colony Boys' High School in the year 1980 under the banner of H.M.A.I. By and by Homoeopaths and leaders of H.M.A.I. in our state as well as India, viz. Dr. Bhonath Chakraborty, Dr. Prodosh Majumder, Dr. Jugal Kishore, Dr. Dwan Harish Chand, Dr. J.S. Khanna, Dr. D.P. Rastogi, Dr. R.K. Desai, Dr. P. Vishnu and so on. Those who belong to our state always advised me for more work for the betterment of our association and homoeopathy. In this respect I cite an incident. In the year 1976, the first opening day of our Unit the eminent physicians as well as the leaders of H.M.A.I. in West Bengal State Branch and Central were present. The meeting was scheduled to be held at 3.00 p.m. but out of sixty members of our Unit, only a few were present within time and as a result myself and the President of our Unit got nervous and felt bewildered. The great leader felt our position and my teacher came forward and asked me to project the microphone to outside for general public. He expressed that "we came here to say something on Homoeopathy and its Principles for the benefit of mankind. If anybody feels interest on the subject then we think that our meeting is successful". In a few minutes by action people and members of our Unit were coming to the hall and thus it was very successful. In this way my teacher encouraged us to serve for the Association as well as

Homoeopathy. Now we have got footing and practiceing homoeopathy honourably side by side with other pathies of treatment in our society.

This was my teacher as well as a great leader. During his life time I got opportunity to accompany him in the meeting and seminars organised by the Association almost all corners of our state as well as in our country for the cause of homoeopathy. He was basically an Allopathic physician but soon he was converted to Homoeopath and finally became a classical Homoeopath. He was perfectly the follower of our Master Dr. Samuel Hahnemann and practiced according to the Principles as enunciated by the founder in his Organon of Medicine. Here I cite a case : One of my patients had been suffering from phymosis. He got operated from the Medical College Hospital, Calcutta and after operation treatment was going on according to their system. To heel up the operated place they applied plenty of medicines of their system and even pencillin injections were pushed. But no result was attained, instead, a condilomata was formed in the glans penis. Finding no other way the patient took shelter to the homoeopathy. However, I took him to my teacher. After a short case-taking he was prescribed one dose of *Chinimum Sulph - 200* with some sac lac and advised the patient to see him after a month. Within this period the patient was much improved in all respects. But at the end of the 4th Week the patient suddenly attacked with high fever and headache just like *Belladonna* symptoms. He came to me for relief and myself prescribed a dose of *Belladonna* - 30. Next morning the patient was quite fit and I took him to my teacher and explained the facts. My teacher abused me in his usual tone and asked me "why you prescribed" "why you prescribed *Belladonna*, when we have already given a medicine which is deeper in action. Have you gone through it ? Will you be a Doctor ? You could wait a day for observation. However, *Belladonna* is not a deep acting medicine. At present nothing to be given to him. Bring him after a month". As per his advise I met my teacher with my patient and he prescribed a dose *Thuja - IM* with sufficient sac lac. The patient was radically cured. Never he was attached with the same problem. I could not report this to my teacher because by this time he passed away from this world. So it is understandable how my teacher was a classical homoeopath. Like me so many desciples of my teacher are there all over India and abroad. During his time everybody knew him. As an organiser, for the cause of homoeopathy, his attachment to the Homoeopathic World was deep. During his life time he occupied the highest position in the Government level as well as public and private sector. In those days people called his Hahnemann of India. Before his end of life he requested to Homoeopathic Society to work together for the cause and development of Homoeopathy. He attended so many Homoeopathic Congress out-side India. On the way back from 4th All India Congress of H.M.A.I. at Bombay in the year 1983 in the train he uttered a few words for his followers - "My days are counted, I will not live long. Days after days I am losing energy and health. This will be my last meeting in the Congress. We have constituted the Homoeopathic Medical Association of India with much toil. Most of us will not live long. It is you the younger people who can collectively keep this organisation active and alive. This organisation will be the torch bearer of Homoeopathy as enunciated by Master Dr. Samuel Hahnemann. It is my earnest desire to all to look into.....".

At this *89th Birth-day* of ***Dr. J.N. Kanjilal*** I present this article in the Souvenir of **XIth All India Homoeopathic Congress-98 of HMAI** in the memory of my teacher and our beloved leader. ○

Homoeopathy on the Internet

The internet has radically altered channels of communication, including those in the homoeopathy.

Homoeopathic practitioners can swap experience and ideas in discussion forums, newsgroups and mailing lists. The first electronic journals of homoeopathy are being published on the internet. Remedies can be ordered from internet pharmacies. There are literature lists on specific areas of homoeopathy, lists of journals, addresses and much more besides. Like everywhere else on the internet, however, the problem with homoeopathy is finding a way through the information chaos.

The first attempt at structuring the information was made by Emile van Galen with his "Homeopathic Internet Resources List" which has been available on the Internet since 1995. It contains information about Internet connections, files, lists, servers and online access. In addition, homoeopathic web servers can now be found at various locations on the 'net. The HOMEOWEB home page available since 1995 is an attempt to bring together scientific information on all aspects of homoeopathic therapy and to offer gateways to other web servers devoted to complementary medicine [van Galen 1995a and 1995b]. A list of Internet addresses specifically for homoeopathy is given in Table. Internet addresses covering the whole field of alternative medicine were published by Moore in 1997. Although the volume of information available about homoeopathy on the Internet has also grown in recent years, there are still very few specialist homoeopathic databases and thus limited means of reaching the most plentiful sources of homoeopathic literature via the Internet.

Homoeopathy		
Homeopathic Internet Resources List	http://www2.antenna.nl/homeoweb/resource.html	Internet servers, lists and databases on homoeopathy
Homeopathy Homepage	http://www.cambr.force9.co.uk	Scientific information on homoeopathy, links to homoeopathy pages, mailing lists, journals
Homeoweb Homepage	http://antenna.nl/homeoweb	Scientific information about homoeopathy and gateways to complementary medicine
National Center for Homeopathy	http://www.healthy.net/nch	Study group, addresses, training
Homeopathic Educational Services	http://www.homeopathic.com	Commercial homepage
Datenbank zur Klassischen Homöopathie	http://home.t-onlie.de/home/sven-thorsten.hechler/homepage.htm	German-language homoeopathy homepage with many links to traditional homoeopathy
Hahnemanns Organon of Medicine	http:/www.cambr.force9.co.uk/organon.html	Organon online
Altvetmed	http://www.altvetmed.com	Complementary and alternative veterinary medicine
Plants		
Herbage Web Site	http://www.herbweb.com	Extensive information about plants
University of Michigan	http://www.umd.umich.edu/~dmoerman	Medicinal plants, indigenous and American plants, ethnobotanics
The Herbal Encyclopedia	http://www.wic.net/waltzark/herbenc.htm	Medicinal plants
Search engines		
Excite	http://www.excite.com/lifestyle/health_and_fitness/alternative_medicine/homeopathy	Links to various homepages on homoeopathy
Yahoo	http://www.yahoo.com/Health/Traditional_Medicine/Homeopathy	Links to various homepages on homoeopathy
Discussion forums		
Homeoweb	http://www2.antenna.nl/homeoweb/index.html	Discussion forum and links to homoeopathy pages
Homeopathy Mailing List	http://www.lyghtforce.com/homeo.html	Up-to-date information about homoeopathy
Homeopathy Study Group Munich	http://www.med.uni-muenchen.de/fachschaft/homeopathy	Discussion forum and links to homoeopathy
Health Links : News and Discussion Groups	http://www.nb.sympatico.ca/Contents/Health/LISTS/B1-C03_news1.html	Links to newsgroups about homoeopathy
National and International associations		
Liga Medicorum Homoeopathica Internationalis	http://www.lmhi.org.mix	LMHI homepage
Deutscher Zentralverein homöopathischer Ärzte (DZVhÄ)	http:/www.lynet.de/~impetra/hpde1.html	Germany
Schweizerische Homöopathie Gesellschaft	http://www.homoeopathie.org http://www.homeopathy.ch	Switzerland
Österreichische Gesellschaft fur homöopatins Medizin	http://www.cso.net/homoeopathie	Austria
Omeolink Centro Studi Medicina Omeopatica	http://www.starnet.it/omeo/welcome.htm	Italy
Homeopatins hemsida på nätet	http://w1.835.telia.com/~u83500195	Sweden
The Foundation for Homoeopathic Research Sanjivak	http://www.indiaspace.com/homoeopathy/index.html	India
Homoeopathic Center		

Table of selection of sites on the Internet

PERSPECTIVES

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PHILOSOPHICAL BACKGROUND AND APPLICATION OF LESSER KNOWN AND LATEST REPERTORIES

Dr. D.P. Rastogi

The totality of symptoms in contrast to pathology plays the key role in understanding a drug or patient in Homoeopathy. The selection of simillimum from vast symptomatology of materia medica always demands some or the other way of differentiating or sorting out similar looking drugs and Repertorisation is one such comprehensive, scientific and errorless way of doing this exercise. The roots of Repertory idea can be seen as early as 1816 in preamble to Materia medica Pura by Hahnemann himself as "For the convenience of treatment, we require merely to jot down after each symptom all the medicines which can produce such a symptom with tolerable accuracy, expressing them by a few letters (Abbreviations) and also to bear in mind the circumstances under which they occur, they have a determining influence on our choice, and proceed in the same way with all the other symptoms, noting by what medicine each is excited from the list so prepared we shall be able to perceive which among the medicines homoeopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones- and this the remedy sought for." This laid the foundation of the present day repertories.

From the first repertory **Fragmenta De Viribus Medica Mentorum Positivis** published in 1805 by Hahnemann himself, the profession has seen a large number of repertories and the search for an ideal and complete repertory will go on unabated in future.

The credit for publishing the first repertory goes to Von Boenninghausen. Boenninghausen published **Repertory of the Antipsorics** in 1832 with a preface by master (second edition in 1833). This repertory was used by Hahnemann himself in his practice.

In 1835, Boenninghausen's **Repertory of medicines which are Non antipsorics** and in 1836, came **an attempt at showing the relative kinship of Homoeopathic medicines**. All these publications were combined to form his masterpiece **Therapeutic Pocket Book** which was published in 1846 in German. This became the standard reference work used by most American homoeopaths including Stuart Close, Caroll Dunham, H.N. Guernsey and T.F. Allen. In 1900 Cyrus Maxwell Boger made a new translation of the **Antipsoric remedies** into English. It contained 232 pages. Dr. Boger continued to enhance it until his death in 1935. He made so many additions and new rubrics that its final size was 1040 pages an almost five fold increase. This repertory later grew into **Boger's Boenninghausen's Characteristics and Repertory** in 1905

Historical Development of the Repertory

1805 **Fragmenta de viribus medica mentorum positivis** by Hahnemann consisting of 4239 pages

1828 Hartlaub's **Repertory** in Leipzig

1830 **SYSTEMATISCHE DARSTELLUNG der ANTIPSORISCHE ARZNEIMITTAL** by Weber in German consisting of 536 pages.

1832 Boenninghausen's **Repertory of the Antipsorics** with a preface by Hahnemann.

1833 Weber-Peschier's **Repertory of purely pathogenetic effects** prefaced by Hahnemann consisting of pages 376

1835 Jahr's **Repertory** - work assigned by Dr. Hahnemann in German Two volumes consisting of 1052 and 1254 pages

Another repertory of 200 pages- on glands, bones, mucous membrane, ducts and skin diseases

1835 Boenninghausen's **Repertory of medicines which are not antipsoric**

1836 Boenninghausen's **an attempt at showing the relative kinship of Homoeopathic medicines.**

1837 Ruoff's **repertory** published at Stuttgart consisting of 236 pages.

1838 **A Repertory** published in English language in Allentown Academy by C. Hering.

1840 Ruoff's "**A Repertory of Nosology**" consisting of 250 pages, translated from German by Okie Humphry and published in English in America

1843 Laffitte- One of the first Parisian homoeopaths - **A Homoeopathic Repertory of Symptomatology** (first original repertory in French) consisting of 975 pages

1845 Boenninghausen's famous **Therapeutic Pocket Book**. It was translated in English by Dr. Hempel and also by Dr. Okie. Later Dr. Allen published another edition with modification. The last and current edition was published by Dr. H.A. Roberts of Connecticut U.S.A. in 1935 and he edited and made some modifications.

1847 Hempel's Boenninghausen **Repertory** consisting of 500 pages.

1847 Jahr's **Manual of Homoeopathic Materia Medica and Repertory** edited by P.F. Curie

1848 Clofar Muller's **Systematic Alphabetical Repertory** consisting of 940 pages.

1849 Mure's **Rio de Janeiro** consisting of 367 pages.

1851 Bryant's (New York) an alphabetical repertory "**A Pocket Manual of Repertory of Homoeopathic Medicine**" consisting of 367 pages.

1853 Possart's **A repertory of characteristic Homoeopathic remedies** consisting of 700 pages, published at Cothen.

1853 **Dysentery and its Repertory of Medicine** by Fred Humphreys

1854 A Lippe's (USA) **A repertory of comparative materia medica** consisting of 144 pages

1859 **Cipher Repertory** consisting of 600 pages by English Homoeopaths. Enlarged edition in 1878 containing 1030 pages by Drysdale, Atkins, Dudgeon and stokes.

1859 Jahr's **New Manual of Homoeopathic Materia Medica with Possart's additions**- fifth edition revised and enlarged by the author and translated and edited by Hempel.

About this time in England were known the following repertories:

1) Buck's **Regional Symptomatology and Clinical Dictionary**
2) **Hempel's Repertory**
3) Curie's **Repertory**
   by Drysdale Dudgeon

About this time the American Homoeopaths were also busy in making Repertories.

1873 Berridge "**Repertory of the Eyes**", published in England.

1874 Granier of Nimes **Homoeolexicon** in two volumes

1876 **Repertory of the New Remedies** by C.P. Hart published by Boericke and Tafel. Based on Hale's special symptomatology and therapeutics.

1879 C. Lippe published his famous **Repertory of the more characteristic symptoms of the Materia Medica** consisting of 322 pages (Indian edition has 438 pages)

1880 T.F. Allen's **Symptom Register**

1880 **Repertory to the Modalities** by Samuel Worcester

1881 Hering's **Analytical Repertory** (Symptoms of the Mind)

1883 **Repertory of Intermittent Fever** by William A. Allen

1884 **Cough and Expectoration** by Lee and Clark (first edition).
Second edition in 1894

1885 **Alphabetical Repertory** by Father Muller (First repertory Published in India)

1888 **Pathogenetic and Clinical repertory of the symptoms of Head** by Neidhard

1890 Gentry's **The Repertory of Concordances** in six volumes -5500 pages

1890 **Classified Index of the Materia Medica for Urogenital and Venereal diseases** by Carleton and Coles

1896 Knerr's **Repertory to the Hering's Guiding symptoms**

1897 Kent's **Repertory of the Homoeopathic Materia Medica** (First edition) consisted of 1349 pages

1900 Boger's English translation of **Boenninghausen's Repertory of Antipsoric remedies**

1905 **Boger's Boenninghausen's Characteristics and Repertory**

1908 **Clinic Repertory** by P.W. Shedd

1920 Repertory section of **Bell's Diarrhoea**

1931 **Synoptic key of the Homoeopathic Meteria Medica** by C.M. Boger

1935- 1937

Second and enlarged edition of the **Characteristics and Repertory** by C.M. Boger - **Boger's Times of remedies and Moon Phases** published by Salzer & Co. Calcutta.

Recently a few repertories have been published with Kent's repertory as the base

1929 N.M. Chaudhary's **Materia Medica and Repertory**

Piere's **Materia Medica and Repertory**

1963 **Phatak's Repertory**

1963 **A Materia Medica and Repertory** by James Stephenson

1963 **Synthetic Repertory** Edited by H. Barthel in 3 volumes covering [i] Mental Symptoms [ii] Generalities [iii] Sleep, Dreams and Sexuality

1983 **Repertory of Psychic Medicines with Materia Medica** by Dr. Emm Gallavardin translated into English from original French by Dr. Rajkumar Mukerji

1990 **Kent's General Repertory** by Kunzli

1993 **Synthesis Repertorium Homoeopathicum Syntheticum** by Dr. Frederik Shroyens

Clinical Repertories of New Homoeopathic Remedies by O.A. Julian

Index of Aggravations and Amelioration's by Neatby and Stonham

Apart from the above Repertories there were a host of regional and clinical Repertories published in America and elsewhere **Repertory of Sensation as if** by Holcomb

1873 **Repertory of Eyes** by Berridge
Desires and aversions by Guernsey

1879 **Illustrated Repertory (of Pain in chest, sides and back)** by Rolin R. Gregg

1880 **Repertory of Modalities** by Worcester
Repertory of Haemorrhoids by Guernsey
Repertory of Respiratory organs by Lutze
Repertory of Fevers by H.C. Allen
Repertory of Foot Sweat by O.M. Drake

1883 **Repertory of intermittent fevers** by W.A. Allen

1884 **Repertory of Cough and Expectroration** by Lee and Clark

1888 **Repertory of the Head** by Niedhard

1890 **Classified Index of Homoeopathic Materia Medica for Urogenital and Venereal diseases** by Carleton and Coles

1891 **Headache - Concise Repertory** by King

1892 **Repertory of Digestive System** by Arkell Mc. Michell

1894 **Repertory of Rheumatism** by Perkins
Repertory of Therapeutics of Respiratory System by Van Denbug
Repertory of Rheumatism by Pulford
Repertory of Eczema by C.F. Mills Paugh
Repertory of Headaches by Knerr
Repertory of the Appendicitis by Yingling
Repertory of Headaches by Neatby Stonham
Repertory of the Labour by Yingling

1895 **Repertory of spasms and Convulsions** by Holcomb

1896 **Repertory of the tongue** by Douglass

1896 **Repertory of the Neuralgia's** by Lutze

1896 **Therapeutics of the Eye** by Charles C. Boyle

1899 **Repertory of Urinary organs and Prostate Gland** by A.R. Morgan

1900 **Repertory of the back** by Wilsey

1904 **A Clinical Repertory to the Dictionary of Materia Medica** by John Henry Clarke

1906 **Repertory of The Uterine Therapeutics** by Minton
Repertory by P.F. Curie
Repertory part of Rau's special pathology
Repertory by Boericke
Repertory by Dr. Sarkar
Repertory of Respiratory diseases by Nash
Clarke's **Clinical Repertory**
Repertory of Mastitis by W.J. Guernsey
Repertory of Throat by W.J. Guernsey

1908 **Shedds Clinical Repertory**

1920 **Repertory of Diarrhoea** by Bell

1931 **Boger's Repertory of Times of Remedies and Moon phases**

1937 **Repertory of Sensation as if** by Dr. H.A. Roberts

1945 **Repertory of Rheumatic Remedies** by Dr. H.A. Roberts

J.W. Ward's Dictionary of Sensation as if (Two volumes)

Repertory of the Digestive Symptom by Michell

Repertory section of Homoeopathic therapeutics of Uterine and Vaginal discharges by W. Eggert.

Leucorrhoea and its concomitant symptoms by A.M. Cushing

Repertory of the Warts in Skin Diseases by Drake

Repertory of Homoeopathic Therapeutics in Ophthalmology by J.L. Moffat

Repertory of Repertory of Convulsions by E.M. Santee

A Repertory of the peculiar symptoms based on Periodic Drug Disorders by L. Slazer revised by N.K. Banerjee

Card Repertory

1. Dr. William Jefferson Guernsey nephew of H.N. Guernsey. 1888(Also wrote Repertory on Haemorrhoids, Urticaria, throat and Diphtheria & Mastitis) based on Boenninghausen's wok.

   -"Guernsey's Boenninghausen's slips"

   - Long cards of 1 1/4 121/2 inches

   -2500 cards

   - contained only 126 remedies

2. Dr. H.C. Allen improved upon above slips Allen's Boenninghausen slips

3. 1912- Dr. Margaret Tyler

   Punched Card Repertory

4. 1913 - Welch and Houston

   Loose-Punched Card Repertory based on Kent's generals contained 134 symptoms.

5. 1922-Dr. Field

   Gigantic Card Repertory

   6800 cards

   It was mainly based on Kent's Repertory

   360 remedies with a provision for 40 more.

6. 1928- Dr. Boger published by Roy & Co. with a foreward from late Dr. L.D. Dhawale.

7. 1950 - Dr. J.G. Weiss & Dr. R.H. Farley published **Spindle Repertory**.

8. Dr. Marcoz Jamenez

   600 large sized cards

9. Dr. P. Sankaran's Card repertory (420 cards) (292 Remedies) in 1959

10. Kishore Cards Repertory

    - 3500 cards - first edition in 1959

    - 10,000 cards-second edition in 1967 with six hundred remedies

    - Third edition in 1986 wtih more rubrics and remedies

Number of remedies in each Repertory

Synthetic Repertory	*1594 remedies*
Kent Repertory	*591 remedies*
Kishore card Repertory	*693 remedies*
Boenninghausen Repertory	*342 remedies*
Boericke Repertory	*1414 remedies*

Types of repertory based on the philosophy of construction

1. **Based on the philosophic concept of totality of symptoms**

   Examples: Boenninghausen's Repertories

   Repertory of Antipsorics- 1832

   Therapeutic pocket Book- 1846

Boger Boenninghausen's Characteristics and Repertory 1905

Repertory with Synoptic Key by Boger -

2. **Concept of general, peculiar and particular symptoms**

Constantine Lippe's **Repertory of more Characteristic Symptoms of the Materia Medica** (Son of Adolf Lippe) in 1879

Lee's repertory in 1889

Kent's **Repertory on Homoeopathic Materia Medica** (first edition in 1897).

(Dr. Edmund Jennings Lee **Repertory of Mind and head** is based on unreleased second edition of Lippe's repertory and from notes and additions from other Homoeopaths including E.W. Berridge in England and J.T. Kent in United States. But Lee became blind and his unfinished manuscripts were given to Kent who continued to work on them).

Later on to keep the repertory up-to-date by preserving symptoms and drugs not listed in Kent's repertory and include their confirmation by cures as well to make available the primary and repeated provings of younger authors. Synthetic Repertory (three volumes) containing only general symptoms by Horst Barthel and med. Will Klunker was Published. It contains 1594 drugs.

Volume I : Psychic symptoms by Dr. med. Horst Barthel

Volume II General symptoms by Dr. med. Horst Barthel

Volume III Sleep, dream and sexuality by Dr. med. Will Klunker.

Other involved in work

Dr. P. Schmidt of Geneva

Dr. Roger Schmidt and Alain Nande of San Francisco

Dr. med. Jacques Baur of Lyon

Kent's comparative Repertory of the Homoeopathic Materia Medica:

by Guy Kokelenberg and Rene Dockx.

Synthesis (Repertorium Homoeopathicum Syntheticum) by Frederik Schroyens in 1993. It is an enlarged Kent's Repertory linked to Homoeopathic software RADAR based on sixth edition of Kents Repertory in toto.

Complete Repertory by Roger Van Zandoovert contains 893 drugs.

Thematic Repertory by J.A. Mirrili

3. **Other repertories which have no philosophical basis**

(a) **Alphabetical repertory**

Glazor's first **Alphabetical Pocket Repertory** at Leipzig in 1833

Clofar Muller- **Systematic Alphabetical repertory in 1848.**

Bryant- **An Alphabetical Repertory** in 1851

Phatak's Repertory

Homoeopathic Medical Repertory (A Modern Alphabetical repertory) by Robin Murphy, in March 1993.

(b) **Concordance repertory**

Repertory of the Herign's Guiding Symptoms by C.B. Knerr in 1896

The Concordance repertory of the Materia Medica by William D. Gentry (6. Vol.) In 1890

(c) **Clinical Repertories**

Oscar E. Boericke's Clinical repertory appended to handbook of Homoeopathic Materia Medica by Dr. William Boericke.

A clinical Repertory to the Dictionary of

Materia Medica by Dr. J.H. Clarke.

Causations by Bhardwaj

Times of Remedies by Boger

Bell's diarrhoea

H.C. Allen's Fevers & others as pointed out earlier

(d) **Card Repertories**

W. Guernsey

Boger's field's

Sankaran's (420 cards) (292 Remedies) in 1959

Broussalian card repertory in 1969

The Kishore cards & others as pointed out earlier.

(e) **Mechanically aided repertory**

i. Dr. Patel's Autovisual homoeopathic Repertory

ii. Dr. Patel's Autovisual Miasmatic Repertory

(f) **Computerised Repertories**

1. 1979 Le Repertoire De Kent "Melanie'- Docteur Georges Broussalian (10000 Rubrics)
2. The LamniaHomoeopathic Repertory Analysis System (Australia) lists 14700 symptoms of Kent
3. Hompath-Dr. Jawahar J Shah, India
4. Kentian-Sai Homoeopathic Book Corporation
5. Mac
6. RADAR
7. HRS developed by CIRA (Centre for Informatics Research & Advancement)
8. Polychresta
9. C.A.R.A. - Installed at Royal London Homoeopathic Hospital by 4- Front Computer England Ltd. England
10. Micropath-Micro Therapeutics Ltd. England
11. Homoeorep- Boenninghausen's Technique- Dr. Robert Bacheleric, France
12. The Profile- D.J. Vidlard, France
13. The Samuel- The Co-operative Association, Holland

DETAILS OF SOME LESSER KNOWN AND LATEST REPERTORIES

1. **Boenninghausen's repertories**

Boenninghausen accepted the following fundamentals as proposed by Hahnemann

1. Nothing can be known of a disease except through symptoms.
2. It is the patient who is ill and not his parts or organs
3. Symptoms are the only unfailing guide to the selection of the remedy
4. Peculiar, characteristic individualizing symptoms, as against the common symptoms denote the similar remedy. The remedy can hardly even be indicated by a single symptom however so ever peculiar. He proposed four components of a characteristic symptom as Location, Sensation, Modality & Concomitant.
5. He comprehended the difficulties encountered in securing a complete picture of the case (lack of observation existed in provers as existed in patients). He suggested that incomplete symptoms could be reliably completed by analogy. It implies that missing components of a symptom could be completed by analogy.

1a. Plan of Boenninghausen's therapeutic book

It is divided into seven parts

1. Mind and intellect

2. Parts of the body and organs
3. Sensation and complaints.
   i. In general
   ii. Of glands
   iii. Of bones
   iv Of skin
4. Sleep and dreams
5. Fever
   i. Circulation of blood
   ii. Cold stage
   iii. Coldness
   iv. Heat
   v. Perspiration
   vi. Compound Fevers
   vii. Concomitant complaints
6. Alterations of the state of health
   i. Aggravations according to time
   ii. Aggravations according to situations and circumstances
   iii. Amelioration by positions and circumstances
7. Relationship of remedies

In all 364 remedies are included.

Details of chapters

I. Mind and intellect

There are very few rubrics (pages 17-23). As it was not his intention to reflect the picture of the whole man through his mental reactions. It was not an oversight as 17 rubrics are devoted to emotional excitement under section aggravations

Amativeness	Intellect
Avarice	Befogged
Boldness	Comprehension difficult
Gentleness	Comprehension easy
Haughtiness	Ecstasy
Mischieviousness	Imbecility
Mistrust	Insanity
Seriousness	Memory active, Memory lost

II. Parts of the body and organs

Head-eyes-vision - ears - hearing - nose-smell-face-location of sensations-teeth - gums - mouth - throat - mouth and fauces - hunger and thirst (including aversions and desires) - taste - eructations - nausea and vomiting - internal abdomen - external abdomen - abdomen - hypochondria - abdominal rings - flatulence - stool - urinary organs - urine - micturition - sexual organs - menstruation - leucorrhoea - respiration - cough - air passages - external throat and neck - neck and nape of neck - chest - back - upper extremities - lower extremities

III. Sensations and complaints

alphabetical arrangement of subjective and objective symptoms.

1. In general 54 pages.
2. Of glands 4 pages
   air passing through, sensation of -spon; atrophy - boring - like knotted cords - suppuration - tearing - cancerous - spongy.
3. Of bones 3.5 pages.
   absence of marrow, sensation of - Iyco. band sensation of - tension - ulcerative pain.
4. Of skin 34 pages.
   adherent -wrinkled.

Boenninghausen succeeded in condensing the cumbersome features of a repertory and made it comprehensive.

IV. Sleep and dreams

Yawning
Without sleepiness
With stretching.
Yawning ineffectual
Spasmodic
Falling asleep late
Impossible after waking once
Prevented by various symptoms
Waking in distress

Early
Waking frequently at night
Late
Position in sleep
Lies on abdomen
Symptoms causing sleeplessness
Dreams in general
-anxious, anxious of animals
- of battle
- of the dead
- of difficulties
- of falling
- of fire - of ghosts - of bad luck
- of quarrels - of shooting - of sickness
- of thieves - of thunder - of water -
- Confused
- of sick people
- of vermin
- vivid etc.

V. Fever

1. Circulation of blood

   Anaemia - congestion - pulse Abnormal - full - hard -

   Imperceptible - slow - small - soft - tremulous etc.
2. Cold stage - chilliness in general- in certain parts
3. Coldness
4. Heat
5. Perspiration
6. Compound fevers
7. Concomitant complaints.

VI Alterations of the state of health

i. Aggravations according to time

ii, Aggravations according to situations and circumstances.

iii. Amelioration by positions and circumstances comparatively small

Aggravations are much more reported by patients than ameliorations and they are more noticeable.

VII Relationships of remedies

This last chapter has been a complete mystery - and not often used but it is important.

1b. Boger Boenninghausen Repertory 1905

This is an updated edition of Boenninghausen therapeutic book by C.M. Boger.

1. Mind and intellect, including Sensorium and Vertigo from pages 191-250

2. Locations. i.e. sensations and complaints experienced in different locations i.e. anatomical parts of the body and organs according to the Hahnemannian schema, viz. Head (250-308); Eyes (309-348); Ears (348-364);Nose (365-390); Face (390-416); Teeth (416-440); Mouth (441-472); Appetite/Thirst, etc. (472-499); Nausea and Vomiting (500-513); Stomach and Hypochondria (514-544); Abdomen; Inguinal and Pubic Region (544-571); Flatulence, Stool and anus (572-575); Urine and Urinary Organs (576-618);Genitalia, male and female (645-668); Sexual impulse (669-674); Menstruation (675-689); Respiration (690-705); Cough and Expectoration (705-733); Larynx and Trachea (734-738); Voice (738-742); Neck and External Throat (743-748); Nape(748-752); Chest (753-772); Heart and Region of heart (773-784); Back, Scapular, Dorsal, Lumbar etc. (784-804); Upper Extremities (805-842); Lower Extremities (843-881);

3. Sensation and Complaints in General (881-936); of Glands (937-940); of Bones (940-944); of Skin and Exterior body (944-979).

4. Sleep and Dreams (980-1002)

5. Fever- Pathological types (1002-1005); Blood (1005-1006); Palpitation, Heart beat, Pulse: Circulation; palpitation; Heart beat; Pulse (1006-1020); Fever in general (1047-1076); Sweat (1076-1098); Compound fever (1099-1102).

6. Conditions of Aggravation and Amelioration in General; of time (1103-1104); of situations, positions, circumstances etc. (1105-1153)

7. Concordances (Relationship of Remedies) (1154-1231)

Advantages over Kent's Repertory

Each physician who attempts to use Kent's Repertory, knowledge of evaluation of symptoms into General, particular & peculiar symptoms is a prerequisite for it and any error in the process of evaluation may throw away the indicated drug out of repertorial analysis. One has to be very sure as to the exact interpretation of mental symptoms and their value in the repertorisation. It is a fact that in practice, It is not always possible to carry out Kentian evaluation in each case and many a times forceful extraction of generals especially mental generals in one sided chronic cases gives poor response to repertory based prescription.

In cases seen in practice, it is very easy to complete four elements of each symptom according to Boger Boenninghausen's concept of totality of complete symptoms as it does not require any sophisticated understanding of evaluation of symptoms. One has to just separate Location, sensation, Modality and Concomitants. Each component of complete symptom can be characteristic symptom of a drug or a patient e.g.

Left sided complaints	*Lachesis*
Right sided complaints	*Lycopodium*
Right forehead	*Silicea, Sanguinaria*
Left forehead	*Spigelia*
Liver	*Chelidoneum*
Pancreas	*Iris versicolor*
Spleen	*Ceanothus*

The list is very long and similar observations can be made as regard characteristic sensations *(stinging of Apis, Burnings of Cantharis & Arsenic album),* Modalities, concomitants *(Thirstlessness with dryness of mouth of Pulsatilla)* of drugs. In our day to day materia medica based prescribing of acute cases, we are utilising Boenninghausen's concept of evaluation of Symptoms. The suitability, applicability & value of Boger Boenninghausen's Repertory for each case is much more than any other repertory available to us.

2. Knerr Repertory

It is an index to Hering's guiding symptoms prepared by Dr. Calvin B. Knerr.

The order of arrangement or method of classification, followed in the compilation of this repertory is the one inaugurated by Hahnemann, developed, perfected and used by Hering through his entire Materia medica work viz. the anatomical or regional division into forty eight chapters.

List of Chapters.

Mind and disposition (1), Sensorium (2), Inner head (3), outer Head (4), Eyes (5), Ears (6), Nose (7), Upper Face (8), Lower Face (9), Teeth and Gums (10), Taste and Tongue (11), Inner Mouth (12), Throat (13), Desires, Aversions Appetite, Thirst (14), Eating and drinking (15), Hiccough, Belching, nausea and Vomiting (16), Scrobiculum and Stomach (17), Hypochondria (18), Abdomen (19), Stool and Rectum (20), Urinary organs (21), Male sexual Organs (22), Female Sexual Organs (23), Pregnancy, parturition, Lactation (24), Voice larynx Trachea and Bronchia (25), Respiration (26), Cough and Expectoration (27), Inner Chest and lungs (28), Heart pulse and Circulation (29), Outer Chest (30), Neck and Back (31) Upper limbs (32), Lower Limbs (33), Limbs in general (34), Rest, Position, Motion (35), Nerves (36), Sleep (37), Time (38), Temperature and Weather (39), Fever (40), Attacks, Periodicity (41), Locality and Direction (42), sensations in general (43), Tissues (44), Touch, Passive Motion, Injuries (45), Skin

(46), Stages of Life and Constitution (47), Drug Relationships (48), Index.

Each chapter is alphabetically divided into sections and rubrics without destroying consistency as a whole. The basic difference of this repertory form Allen's symptoms register is that it contains symptoms and remedies not only from provings and toxicology, but also from clinical provings and confirmations. To represent it different grades have been used.

I the lowest, a single light line, designating an occasionally confirmed symptoms

II a double light line, a symptom more frequently confirmed or if but once confirmed strictly in character with the genius of the remedy.

I a singly heavy line, a symptom verified by cures.

II a double heavy line, symptom repeatedly verified. These degree marks tally with the four styles of type used by Boenninghausen.

π represents symptoms observed on the sick only t represents toxicological symptoms.

This concordance repertory is one of the few repertories where symptoms have been placed unbroken by preserving the original words/ expressions so that they retain the most delicate shades of meaning to maintain individuality which is very vital in the selection of simillimum. Generalisation has the drawback of destroying the fine delicacy of symptoms as has been with Boenninghausen repertories and to some extent with Kent's Repertory. Let us take example of a mental symptoms Forgetful. Knerr has listed first, all the remedies which have forgetfulness in general followed by smaller rubrics which have special association with a particular circumstance or condition or are related to a specific time frame in an alphabetical order. This arrangement though systematic and good is impractical in repertorisation process. Therefore this repertory though useful has been rarely used by profession.

In comparison to Kent's Repertory, rubric placing is more appropriate in Knerr's Repertory e.g. Jaundice has been placed under section liver and gall stones have been given a separate rubric.

3. Thematic Repertory by J.A. Mirrili

The author opines that it is very difficult to understand homoeopathic knowledge from hitherto available Clinical & Pure Materia medica and Repertories. He has tried to express the thematic philosophy of the study of homoeopathic symptoms by organising the symptoms of Pure Materia Medica and repertory by themes. He says that Repertories were the main attempt to classify the homoeopathic symptoms so that they could be used in clinic for fast medical advice, but they have several limitations. First limitation is that symptoms are severed and classified in alphabetical order with no connections in repertory loosing their dynamic expression thus similar symptoms are placed in different chapters and remain unrelated.

Secondly, the symptoms described in pure materia medica are not totally represented on the repertorial rubrics. In this new Thematic repertory, author has tried to overcome weaknesses of repertories. For example in the Thematic repertory, at the forsaken theme, we have a lot of symptoms with the sense of forsaken but they do not present the word forsaken.

This thematic repertory incorporates the collected mood and 12,500 symptoms from the pure Materia medica of Hahnemann, Hering, T.F. Allen, H.C. Allen, Jeremy Sherr and from Complete Repertory by Roger van Zandvoort.

These are arranged carefully under nearly 300 themes like ambition, Forsaken, Death, helplessness, Money, Religious, Travel, Yielding etc. In this way, all unrelated symptoms present under the same theme and the limitation of the Kentian repertories, Where similar symptoms with different spelling are

found to be listed far away of each other is overcome.

4. Robin Murphy's Repertory of Homoeopathic Materia Medica Released in March 1993

It is a reorganised and expanded version of Kent Repertory with Kent and Knerr format. The book is compact, practical and easy to carry like Kent's Repertory. It has sixty seven different chapters arranged alphabetically as compared to 37 in Kents. Rubrics and sub rubrics within each chapter are in alphabetical format similar to those of materia medica leaving out Kent's plan of site, time, modalities, extensions etc. There is complete reorganization of the information with smaller anatomical and functional subdividions in alphabetical order. It contains 39,000 new rubrics and and reliable 20,000new additions and updates still retaining a small lightweight size for convenience. The grading of drugs is similar to Kent's three grades i.e. Bold, Bold italics and plain type.

Dr. Murphy has updated the language of the repertory in many places for which many new generations of homoeopathic students will thank him many times. For example "Boredom" replaces "ennui", "Crying" replaces "weeping" and "humiliation" replaces "mortification" though the original terms are cross referenced to the terms in updated language.

There is a bold reorganization and expansion of repertorial information with many practical divisions such as the ones having to do with children, pregnancy, emergencies, the environment, dreams, and delusions including use of modern diagnostic terminology as Alzheimer's syndrome, polycystic ovaries etc.

He has created sections which make it easier to locate an experience such as symptoms related to music. Besides the separate sections which have music as a modality. He has a music section in the Mind chapter which includes many of the other mental symptoms which relate to music.

There are plenty cross references and a very useful word index in the back of the book to locate difficult symptoms.

Drawbacks

It lacks the superscript code references of the authors who have contributed towards addition to Kent. Therefore it is very difficult to know the source of the concerned data as well as remedy.

If we compare three rubrics of Murphy with that of Complete repertory in MacRepertory: "Deceitful", "Defiant" and "Ailments from Reproaches". In "Deceitful "*Lycopodium* (2), *Opium (3)*, and *Thuja (3)* are upgraded in Murphy's Repertory, when compared with the Complete Repertory and *Morphinum* is added, with the other remedies in the rubric being identical. Again because of absence of references one does not know the source of these additions/upgrades.

In "Defiant", *Chamomilla (2)* and *Medorrhinum (1)* are added and *Tuberculinum* is upgraded (3) again the same comments applicable.

In "Ailments from Reproaches", he has added *Anacardium (1), Chamomilla (1), Lycopodium (3) and Natrum muriaticum (2) and upgraded Carcinosin (2), Colocynthis (2) and Staphysagria (3).*

There are some rubrics which have been combined from the original Kent Repertory, An example is combination of "egotistical" and "haughty" into one rubric entitled as "Egotistical haughty." The two words describe two distinct characteristics, as originally perceived by Kent, and belong to two separate rubrics.

5. Complete Repertory by Roger van Zandvoort

IRRHIS Publishers
Leidschendam, the Netherlands,
July 21, 1996

This is the largest, most complete, and most accurate repertory in the history of homoeopathy. It comes in three volumes Mind, Vertigo through speech and Voice and Respiration through Generalities and an all-in-one volume (2,830 pages). Using Kent's Repertory as the core, Van Zandvoort poured in the contents of every reliable repertory he could put his hands on, including the unique personal repretories of Pierre Schmidt and Von Boenninghausen.

Sources of Complete Repertory

First, third, and Sixth American editions of Kents Repertory

Homoeopathic journals

Schmidt's and Chand's Final general repertory

Kunzli's Repertorium Generale

Sivaramans' Additions and Corrections to Kent's Repertory

Boger's Additions to Kent's Repertory

CCRH's Corrections to Boenninghausen's Repertory.

Information and cross references have been added from Pierre Schmidt, Kent repertories and Boenninghausen's Repertory, Boerickes Repertory and the most useful part of Phataks Repertory have been completely incorporated using Reference works for cross checking the material with their source.

There are about 515,000 confirmed additions in the complete along with number of new remedies: Ozone, Bambusa, Marble, Limestone, Sequoia Sempervirens, Lac humanum, Hydrophis (snake venom) many additions for Sacharum officianalis, Carcinosin and Bowel nosodes, Granite & Bothrops atrox. Each and every rubric has been traced to its origin mentioned in superscript coded number giving the page number of the original text for each rubric for precision reference. This is the greatest advantage of this repertory as each new information has a reference code by which one can judge its value or worth.

There has been a lot of planning in the sectional organisation of the repertory. The mind symptoms have been systematically classified and indexed so that the right rubric or remedy can be found easily. Noises in several sections have been brought together under the main rubric "Noises" (like in abdomen, grubling, quacking etc.)

He has changed previously confusing abbreviations to more easily understood versions mostly in the mineral and acid remedies.

Many occurrences of synonyms have been simplified using the most common word for their specific meaning. Most important word in many rubrics have been moved to be read first; i.e., during urination is changed to urination, during. The terminology in some cases has been modernized and clarified e.g. miscarriage has been replaced with abortion and micturition by urination.

<u>Some important changes:</u>

One example of a rubric in Mind Section: Emotions predominated by intellect (as it appears in Synthetic) has been changed to, after confirmation from text to: Emotions-Controlled by intellect, need to be. This phrasing of the rubric gives it exactly the opposite meaning. Whereas the first one indicates that the intellect is so strong that it overwhelms and controls the emotions, the actual meaning indicates that Emotions are so strong that they have to be controlled by intellect. The latter makes sense because the drugs enlisted against the rubric(Caler and Viol -o) both are known to be highly emotional and hysterical drugs and not intellectual ones as depicted earlier.

The latest edition of Complete repertory also adds another rubric.

Emotions, too strong- which also has the same drugs. This again confirms the corrections.

Some of the new rubrics are; Ability increased, Achieve things desire to, Animal consciousness, Borrows trouble, Blaming, Charitable, Constructive, Daydreaming, Delicacy feeling of, Dignity, Housekeeping inept for, Independent, Enthusiasm, Teasing, Telepathy, Intellectual

A number of sub rubrics have been added:

Precocity - religious, sexual, School, but does not perform to capacity

Embraces- trees wants to embrace: ozone

Extravagance- economy for want of, sometimes miserly, works hard

Consolation refuses for one's own: Nitric acid

Contemptuous- opponent for, relations for, society.

Disadvantages:

1. Lot of unreliable additions has been made both in terms of drugs and rubrics; e.g. Androctonus and Chocolate are two drugs which are put in almost all rubrics.
2. Lot of cross references, which trun out to be futile
3. Many small rubrics with single drugs lead the prescribe go astray if given too much importance
4. It weighs almost 10 Kg making it difficult to carry.

6. Synthesis : Repertorium Homeopathicum Syntheticum by Frederik Schroyens.

Synthesis is the Repertory linked to the Radar project. It is based on the Sixth American edition of Kent's Repertory and contians all its rubrics and remedies. Since 1987, Synthesis has been used as a database for the Radar program in the daily practice of leading homeopaths. I has been commented upon and thereby improved over and over again, which gives it an outstanding label of quality. this repertory is the best example of expanded version of Kent's Repertory from 1916 to up to date. It retains the Kent's hierarchical structure, therefore there is no need to learn a new format. It incorporates vast number of corrections and adaptations caused by textual errors, illogical symptoms locations and ambiguous wording found in original e.g. breast is replaced by mammae or chest where appropriate. there are about 235,000 additions from highly respected homoeopathic texts, giving priority to the classical authors- Kent, Hahnemann, Hering, Allen, Clarke, Boericke, Knerr etc.

7. RADAR (Rapid Aid to Drug Aimed Research) for Windows Version 6

It is one of the best program for window, Macintosh. It uses Synthesis 7 which incorporates all the work of Synthesis team world wide since June 1993. All the new provings from Jeremy Sherr's Dynamis Vol I, plus many other new provings. There is an accurate information on over 2000 remedies. these are 260,000 additions from 320 different sources as compared to Kent (approx. 1844 pages). Analysis can be personalised as there are several ways of analysing the rubrics which also includes Vithoulkas expert System.

8. Reference works:

Professional Version 2.0

Published by David Kent Warkentin and Kent Homoeopathic Associates, November 1995.

It is available for Macs as well as IBM, is a computer programme library of all the main Materia Medica (including medicine specific information from modern writers such as Sankaran, Sholten, Zaren, etc.) plus materia medica formed from all the main repertories and materia medica, some that come from journals that have not seen the light of day for many a year. It is more than this as it can be directly used to analyse cases.

Different ways of its use:

1. Like a Library

   One can go to any section of any medicine in any materia medica or repertory

generated materia medica. It contains all information except introduction and general comment about drugs. There is an easy and useful bookmark system that means you keep track and go back to any text by placing a marker on the page in the materia medica window. It also includes Zizia philosophy containing Hahnemann's Organon, Kent's Philosophy, Robert's Principles and Stuart Close's Genius of Homoeopathy.

2. Find rare symptoms in difficult cases

   You can scan entire literature for occurrence of any rare symptom in the text which are usually not listed in Repertory. For example I wanted to see the oldest reference of term cervical spondylosis in homoeopathic source books, I gave this search command in Reference work and found that the term has been specifically used under drug Phosphoric acid by Hering, and is also mentioned in Knerr Repertory.

3. Find more complete rubrics

   Almost in all common routinely used rubrics like desire and aversions, one finds a number of additions as compared to limited one in routine repertories.

   One can see the relevant words in sentence or paragraph or a remedy.

4. Selective search: for words and books
5. Analyse cases - use the materia medica as a huge repertory.
6. Make your own materia medica of clinical uses.
7. Exporting information of Max Repertory.

9. CARA & SIMILIA

Two new softwares with the name of 'CARA' & 'SIMILIA' have been developed in England. 'CARA' is a repertory software which is based on IBM/DOS world and has certain new features of browsing between repertories, making a combined search between repertories, tells about properties of drugs, expert system for analysis. It also helps user to add new rubrics and one can create his own repertory. CARA provides the Kent Repertory, Synthetic Repertory, Boericke's Repertory, Phatak's Repertory, Boericke's Materia Medica, Phatak's Materia Medica, Kent's Lectures and Allen's Keynotes all as standard. It also includes in the repertory all the additions to the Kent suggested by Vithoulkas, provings of Scorpion, Hydrogen, Adamas, Brassica, Germanium, Eagle, Iridium, Neon and Chcolate made by the Dynamis school. The recognised additions for Carcinosin are also included. It also includes a variety of Materia Medica and Complete Repertory. SIMILIA is similar to reference works i.e. to search & browse between different Materia medicas and other literature related to therapeutics.

10. HOMPATH

This software is developed in India by Jawahar Shah and is being improved in speed and features from DOS to Window version. Its several special features are available as a whole as well as in parts. Hompath Classic Ver. 7.0 runs on Mac and PC's incorporates more than 250 books including The Complete Repertory by Roger Van Zandvoort. Hompath Ozone runs only on PC's contains three books including Kent's and Boericke's Repertory. Hompath Win for PC & Hompath ST. for PC's (Dos version) contain 24 repertories, 4 Materia Medica along with 10,000 cross references. Materia Medica Live runs on PC's and Mac has Multimedia presentation CD for 22 remedies.

12. HRS

Homoeopathic Repertorization System is a simple program of Kent's Repertory and Allen's key notes & Hering's Guiding Symptoms. You have simply to choose the Symptoms from various repertory chapters and graph will come up. In Allen's key notes, it has the facility to browse between different remedies coming into relationships on the same screen.

AN APPROACH TO TEACHING REPERTORY AT UNDERGRADUATE LEVEL

Dr. Munir Ahmed R.

Rationale for teaching Repertory

Prescription in Homoeopathy may be based on various criteria:

- Materia Medica Based Prescription, where the prescriber has to rely on his memory for the accuracy of the prescription
- Therapeutic prescription, where some medicines are short-listed as being probable for prescription
- Repertory based prescription, where the symptoms analysed are added together and compared in the appropriate repertory

Of all the bases, repertory-based affords accuracy, validity and reliability to the prescription.

Current practices in teaching Repertory

The present state of repertory teaching at the UG level is mired in curricular *ad hocism* as:

- The subject of repertory is not fully developed as an independent discipline
- Learning resources are scarce and not tailored to the requirements of the syllabus

The outcome of this is that repertory is perceived as a boring subject, which one is compelled to study for the sake of passing the examination. In practice its worth is appreciated as a reference source when the prescriber can not relate the case symptoms with his remembrance of Materia Medica.

Curriculum re-engineering for teaching repertory

The curriculum re-engineering for repertory was carried out within the ambit of the syllabus prescribed by the Central Council of Homoeopathy. This was effected by differentiating the syllabus into two distinct categories:

- *Case Taking*
- *Repertorisation*

Case taking was further differentiated under

- ✓ *Case taking and recording*
- ✓ *Case analysis*
- ✓ *Symptom analysis*

Repertorisation was differentiated under

- ❑ *Study of repertories*
- ❑ *Program of repertorisation*

Under the study of repertories, history of repertories and their historical necessity, classification of repertories to facilitate the selection of similimum repertory, study of individual repertories was prescribed. The individual study of repertories was patterned on the guidelines stated by **Herbert Roberts** - history and development, philosophical background, construction, scope and limitations. Further differentiation of the construction was made under macro-construction and micro-construction.

The program of repertorisation is by far the most vague and ill-defined procedure. There are no universally accepted parameters to carryout the procedure. Organising the program under

four heads ameliorated this. They are:

- *Medium of repertorisation*
- *Method of repertorisation*
- *Technique of repertorisation*
- *Process of repertorisation*

These parameters were assembled together by studying the practices of various homoeopathic stalwarts all over the world and tempering them with pragmatism and scientificity. These were aided by a formula to facilitate easy selection of rubrics from the repertories.

The experiential experiment was started at the **Government Homoeopathic Medical College-Bangalore in 1994.**

Results

The results were benchmarked against the parameters of the Taxonomy of Learning according to the Principles of Education.

Cognitive:

- An increased awareness of the possibility of working on different types of repertories was found among the students. They also developed an understanding that certain predetermined criteria can direct the selection of the Similimum Repertory.
- The knowledge of construction of repertories improved, which further simplified the task of selecting the rubrics.
- There was an appreciable increase in the success rate of prescriptions after selecting the appropriate repertory.

Affective:

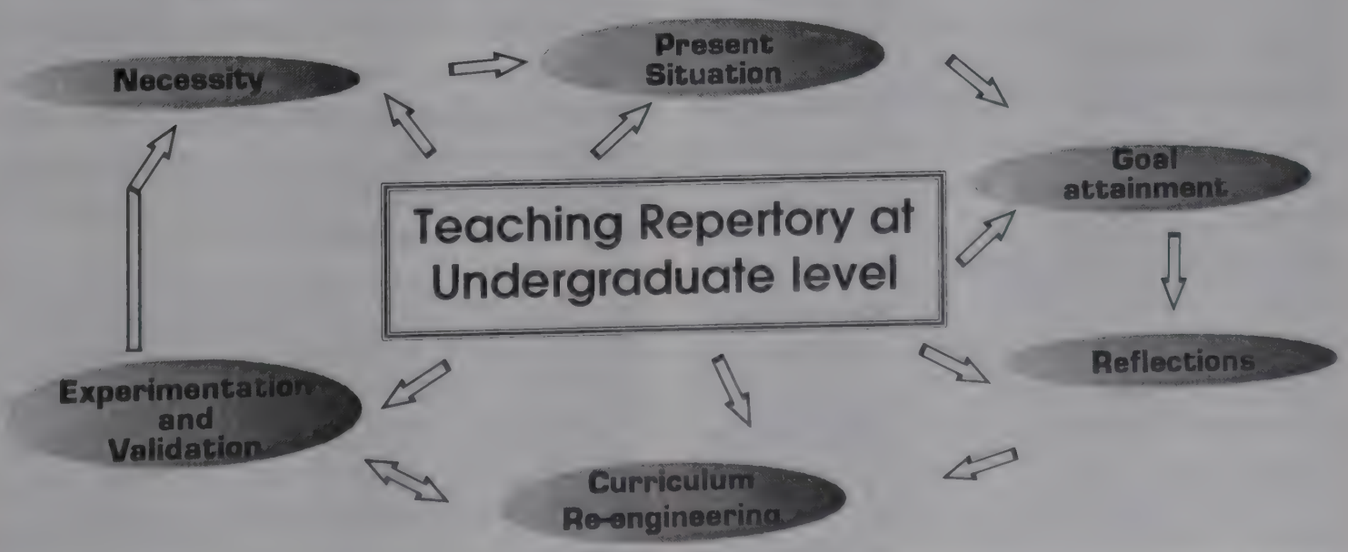
Using repertory for prescription became more acceptable

- Due to the causal relationship that could be clearly established between the repertory-based prescription and positive results
- Because of the convenience provided by the repertory in cases, which place the prescriber in a tight spot.

Psychomotor:

Areas of improvement noticed in this domain include the proficiency attained in the techniques of repertorisation like computer keyboard.

AN OUTLINE OF THE PAPER



ALLERGIC DERMATITIS AND ITS HOMOEOPATHIC PERSPECTIVE

Dr. R.K. Manchanda

Abstract

It is believed that Homoeopathy is quite effective in allergic disease of the skin i.e. allergic dermatitis but there are few case reports / well-documented studies. The different types of allergic dermatitis are grouped under the general term 'Eczema', which is quiet frequently being misused by patients as well as by Homoeopathic physician rather than being used appropriately according to the specific types. Therefore there is a need to understand the different clinical types of Allergic dermatitis, their natural history, exciting and maintaining causes, complications, clinical tests and Homoeopathic treatment. In the present study, the role of Homoeopathic drugs have been evaluated in the treatment of Allergic dermatitis. The aims and objectives of the study are to find out the most effective Homoeopathic drugs, their potencies and prescribing indications in the treatment of Allergic dermatitis.

A total number of 265 cases of different types of Allergic Dermatitis were treated at Nehru Homoeopathic Medical College and hospital, New Delhi in the last five years and their results have been documented. The study includes 94 cases of Infective Eczematous dermatitis, 65 cases of Pompholyx, 48 cases of Nummular dermatitis, 30 cases of Contact dermatitis, seven cases of Atopic dermatitis, five cases of Drug induced dermatitis, three cases of Photo-dermatitis and 13 cases of Non specific dermatitis. The age group varied from six months to about 60 years. The cases included acute (short duration) as well as chronic (long standing). The cases were prescribed Homoeopathic drugs on the basis of presenting complaints, totality of symptoms and exclusively on mental symptoms. About 25 Homoeopathic drugs were used in different potencies from 30 to 10 M but most of the cases were treated with 30 and 200 potencies.

Out of 267 cases, 67 cases became asymptomatic with the treatment and only 11 cases showed mild recurrence. 34 cases improved markedly, 42 cases moderately and 51 cases mildly. 31 cases not reported and were dropped out of the analysis. Only one case of Contact dermatitis recorded marked aggravation during treatment. No. Response was observed in 28 cases.

The group of drugs that was found effective includes *Sulphur (55/72), Natrum Mur (57/6), Merc sol (2/34), Nux Vom (18/27), Sepia (16/22), Rhus tox (13/15), Ignatia (11/14), Graphitis (8/13), Mezerium (27/33), Hep sulph (8/12), Psorinum (12/12), Sarsaparilla (10/11), Calc Carb (14/15), Antim Crud (6/6), Hydrocotyle (4/7), Achyranthese (4/11), Petroleum (3/3), Gun Powder (3/5), Opium (3/3), Arsenic alb (6/14), Ran bulb (3/3), Azadirachta ind (6/8), Bacillinum (2/2), Alumina (2/2) and Calc Sulph (1/2).* Their leading indications were also verified.

During treatment, the pattern of Homoeopathic aggravation was observed with a special care. No aggravation was observed in new and acute cases of dermatitis. However the reappearance of symptoms was observed in chronic cases which were improving partially with steroid base local applications.

The result of the study has shown Homoeopathy is having a definite role in the treatment Allergic dermatitis but further study supported by assessment with immunological, clinical tests, and with double blind placebo control multi-centric study designs is necessary.

ROLE OF BACH FLOWER REMEDIES IN MENTAL CONDITIONS

Dr. V. Krishnamoorthy

While thanking the Homoeopathic Medical Association of India for inviting me to present a paper on the above topic, I would like to state that the very topic needs some clarification and definition.

Before I start talking on Back Remedies, a reference is necessary to homoeo-how a prescription is to be made there in homoeopathy.

Many practise homoeopathy on the plea that it has no side-effects etc. What all they know is that as in allopathy and other systems, so in homoeo too, we have medicine for fever, for diarrhoea, for headache etc. My paper is not addressed to those who use **Belladonna** for 'fever' and **Nux vomica** for 'dyspepsia' and so on.

What is the uniqueness of homoeopathy ?

Dr. Hahnemann very clearly stipulates in Section 213 of his **Organon** that without taking into account the mental symptoms, a cure is not possible. (But, at the present day, how many prescriptions are based on mental symptoms ? Be that as it may).

When we combine section 153 and 213 of the **Organon** we get the guidance that a homoeo prescription is to be made on "uncommon mental symptoms". But at the present day we find that a questionnaire is administered to the patient wherein are found questions as to whether the patient gets anger, is irritable, has fear etc. etc. and a remedy covering all the mental symptoms ticked by the patient is selected. No, not at all. The computer is a mockery of homoeopathy and Dr. Hahnemann. It is of course, true that in his organon, Dr. Hahnemann says that a prescription is to be made on "totality of symptoms". But when we read this advice together with section 153 and 213 of the organon, we arrive at the following guidance:

A prescription is to be made on "totality of uncommon mental symptoms".

When we followed this, we invariably have found in practice that only one mental symptom is found that is 'uncommon' or 'rare-strange-peculiar' and we easily select on that one symptom through the **Repertory** by Dr. Calvin B. Knerr, (and, in some cases, through Boericke's Materia Medica) and in much less a time than that required for making use of the computer. Calvin B.Knerr's and Boericke's have excelled all the software available at the present day on homoeopathy and these golden reference works (together with Samuel Lilienthal's **Homoeopathic Therapeutics**) will continue to surpass any advanced computer software of the distant future too.

Homoeopathic practice is not a mechanical one. It is an art.

To those who treat human beings as if they are practising veterinary practice, computer may be meaningful.

I shall just quote two cases where mental symptoms told by the patient (without our putting any symptom-eliciting questions) pointed to the correct remedy - the **Simillimum**. (Therefore, we say that homoeopathy is a system where The Patient Himself tells his remedy).

Case 1: Mrs. L, 35 years, as a result of undergoing radium therapy for cancer in uterus

came to me with symptom of profuse and frequent diarrhoea for which the allopaths could not do anything.

I did not talk (Let us read section 84 thru' 90 of the organon. "The patient details his suffering those about him tell what they heard him complain of keeping silence himself, he (the homoeopath) allows them to say *and refrain from interrupting them.* Every interruption breaks the chain of thought of the narrators, and all they would have said at first does not again occur to them in precisely the same manner after that".

The patient started talking: "Doctor, please stop this diarrhoea somehow..." I continued to look thru' the pages of the repertory... After a pause, she said suddenly, "doctor, cure me somehow; I want to go to my village people and prove to them that I got cured completely. They had disrespected me by telling that I won't get cure and would die soon. I want to tell my villagers, Look here, I am cured, what is your answer now?"

If we read the above, we would realise that patient had already indicated the correct remedy that we have to prescribe for her. But, however, for the anxious pathological prescriber, let us proceed in a different way.

How the remedy was selected in this case: This is not 'diarrhoea' as such. This complaint is after radium therapy. The correct symptom is "Discharges, Profuse".

The discharge is from "mucous membranes" and so I looked into the great monumental work Repertory by Dr. Calvin B.Knerr. On page 1136 of this work we find the following (being relevant to the case on hand):

Mucous Membranes, secretions...profuse, like haemorrhages, draining system, Ham.;
secretions, with depressed vitality, Kreo
transulation of watery portions of blood, causing copious diarrhoea, crot, t.
profuse, watery, serious, especially stomach and intestinal tracts, Elat.
passive, flux, ph-ac

(you cannot find the above rubrics in Kent's Repertory and we are unable to understand as to why Kent is talked about so much).

I read all above five remedies in various materia medicas; while studying **Hamamelis** in Boericke's Mat. medica, the following words under mind in that remedy made me to jump in joy:

Wants *"the respect due to me'* shown.

This made me to recall that the patient had been saying; she wanted to get cure and then go and prove to them that she is now cured.

Hamamelis 10M single dose cured her completely.

Case 2: In an association meeting, one doctor talked about a patient with chronic eczema on whom he had tried the remedies **Psorinum**, **Graphities** etc. Without any effect and he asked for others' suggestion in this case. (Suggestion without seeing the patient or listening to the patient? This is nothing short of mockery of homoeopathy and the patient).

One Doctor suggested Ammonium carb. as the unfailing(!) remedy for eczema and the other suggested another remedy viz., **Sulphur**. It so happened that a few days later I was in the clinic of the doctor (who had earlier asked for the 'best' medicine for ezema); to my luck that eczema patient walked into the clinic. I told the doctor to keep quiet but merely allow the patient to talk and the doctor has to simply and only listen... listen.... and listen. Nothing more and nothing less!

The patient said that he had completed the one month medicine given last time by that doctor and there is not much relief. By a gesture of my hand I signalled the doctor not to interrupt. After a pause, the patient said, "You see, I am not taking the treatment with a desire to get cure. I am now fifty-eight and am due to retire in two years. Before I die, I want to see that my son is settled in life by getting a decent job and with my pension and provident fund

arrears I want to celebrate my only daughter's wedding. then I can die in peace. Till such time her marriage is finalised, I must look healthy before my in-laws and not with this weeping eczema.

I asked the doctor to give the patient one single dose of **Petroleum** 10M; he gave it and it completely cured him.

Then I showed the doctor the sentence "feels death is near and must hurry to settle affairs" given under the remedy **Petroleum** in Boericke's materia Medica which agreed with the patient's statement that before dying he wanted to make his son settle in life and celebrate his daughter's wedding.

The above method of selecting the remedy alone is homoeopractice. Yes, in the clinic of good homoeopaths you won't find crowds, because we cure with a few doses.

Thus far we have seen that in the above two cases the patient has been indicating his remedy by mental symptoms told by them of their own without our questioning).

Many readers may raise their eyebrows as to why I talk about homoeopathic prescribing under the title bach remedies.

Whether Bach remedies or homoeopathic medicines, we have to select the remedy on "mental symptoms" alone.

Now, coming to the topic, treatment of diseases (be it bodily diseases or mental conditions) is a low-key approach as far as Bach remedies are concerned.

Homoeopathy will ever remain supreme among pharmacologically-oriented system of therapeutics.

In Bach remedies, it is classifications of personalities mental symptoms) whereas in Homoeopathy it is 600 and odd.

In homoeo, we do consider physical symptoms but when we come to Bach remedies we find mental symptoms only in the materia medica. By this, many new-comers have wrongly concluded that Bach remedies are meant for mental conditions only. No, not at all.

Dr. Hahnemann says. That to make a homoeopathic prescription, we must consider mental symptoms (Section 213 of the Organon). Does this mean that homoeo is suited for treatment of mental conditions alone?

Whether it is Bach remedies or homoeopathy. We treat human beings and it is not veterinary practice.

It is totally incorrect to classify patients as "mental patients".

In all corporeal bodily diseases the state of mind and disposition is altered Section of the Organon): and Hahnemann continues to say that we cannot cure without considering mental symptoms.

Whether mental conditions or bodily diseases, the mind is always altered which alone we have to consider as in the above mentioned two cases) to select the remedy for the patient.

The complaint of almost all homoeopaths is that patients do not report mental symptoms and they come for physical sufferings only. It is true that no patients enters with a mental symptom unless it is a psychiatric patient). But if we allow and only allow the patient, he would invariably end up with a mental symptom.

If a homoeopath is not getting mental symptoms in a case, it is because he does not follow the teachings of Dr. Hahnemann in section 84 thru' 90 of the **Organon**.

References:

Flower Remedies of England
Advanced Homoeo Practice (Both by the Author)

THE PHENOMENON OF EMOTIONAL REPRESSION AND ITS HOMOEOPATHIC PERSPECTIVE

Dr. A. Ramdas

Introduction :

For an accurate and effective prescribing in homoeopathy, a comprehensive understanding of the patient in his entire totality is mandatory.

A thorough case taking, accurate analysis and synthesis towards perceiving the individuality of the patient are essential co-ordinates. The role of mind as a supreme need is well understood by homoeopathic fraternity. There is a constant research that has been going on to understand this vital component. The psychoanalytic research and studies has largely contributed in homoeopathy towards deeper understanding of mental elements and also helped in erecting personalities of many lesser known / used drugs. We take repression as the central theme and study it under the following headings :

1. *Some of the basic emotional components*

ANGER ⟷ SADNESS

LOVE ⟷ HATE

ENVY ⟷ JEALOUSY

FRIGHT ANXIETY AND GUILT

2. How do these emotions behave when under stress or threatened

a. By actively expressing the related emotions.

b. By suppressing i.e. consciously or semiconsciously deciding not to think about an impulse or conflict.

c. By repression - lets try to understand this phenomenon.

3. Definition :

Repression is defined as a mechanism characterised by unconscious forgetting of unacceptable ideas or impulses.

To push the impulse out of awareness into the unconscious

Pushing irreconcilable desires, individual's conscious self-requirements and motivations from conscious awareness to unconsciousness.

Process of repression :

Human mind has a form of censorship that deems certain memories, thoughts and feelings unacceptable. The material is repressed - that is buried in the unconscious and the person is no longer consciously aware of the phenomena that have undergone repression. The repressed material through a psychological inhibition of recall remains inaccessible, so they are not recognised.

Powerful mental contents (thoughts and feelings) that are not tolerable to the anxious self become buried under a repression barrier consisting of certain forces that prevent them from reaching awareness.

People can exert some control over unconscious functioning. According to this idea, people keep impulses and other mental contents repressed, not because the repressive factors are more powerful but because individuals can unconsciously decide that expressing certain repressed material would be dangerous. This

unconscious is based as extrapolating from the past and by assessing current reality. For example, a person may unconsciously decide that expressing love to another person would lead to rejection or humiliation; hence it is important for him to repress or neutralise his impulses to express his feelings.

Benefits :

Repression acts, as a defence against drives which can not be controlled by ego. That is an introduction to denial, a non-conscious process acting automatically especially in guilt, shame and lowering self-esteem. This is a defensive mechanism against anxiety, which is likely to arise when unbearable ideas and impulses threaten to enter conscious level, induced by anxiety.

Effects :

The repressed thoughts and feelings continue to influence mood and behaviour throughout the adult life and can cause inexplicable depression, anxiety and socially abnormal behaviour that seem to be beyond conscious control.

Expression :

According to Freud's study on dreams and its contents, he learned that the dreams were definitely meaningful, even though that meaning was often hidden or disguised. Most of all Freud was struck by the intimate connection between dream content and unconscious memories or fantasies that were long repressed.

The observation led Freud to declare that interpretation of dreams was the royal road to the understanding of the unconscious. Another study revealed that PARAPRAXUS - slips of the tongue, provided concrete evidence of the role of the unconscious in everyday life. The eruption of a repressed thought or feeling when one word is substituted for another often reveals an unacceptable unconscious wish. Repressed emotions may not appear in dreams. It may appear in an altered form, for example repressed rage towards ones father may take the form of mild annoyance.

When the basic understanding of the phenomenon of repression let us travel to the homoeopathic reflections through a case study. I have selected the repressed rejected feeling as the centrality that evolves when we study the case and later the corresponding drug in homoeopathic materia medica.

We will then see glimpses of repression in few of the homoeopathic drugs.

The mind is like the stomach, it is not howmuch you put into it that counts, but how much you put into it that counts, but how much it digests.

- Albert Jay Noik

The end of understanding is not to prove and find reason but to know what you have understood and believe.

- Thomas Cartyle

DREAMS ANALYSIS & INTERPRETATION: AS A KEY TO HOMOEOPATHIC PRESCRIBING

By Dr. Vishpala Parthasarathy

WHAT IS A DREAM ?

Dream is a "Story" or an "event" that a person watches or appears to take part in, during sleep. Dream events are imaginary but are related to real life experiences. They seem real to the dreamer while they are taking place. Most dreams occur in colour, though color is vague.

People *see* in most dreams. They may also- *hear, smell, touch and taste*

BIOLOGY OF DREAMS

Dreaming, like all mental processes, is a product of the brain and its activity. Brain continues to give off electrical waves, whether a person is awake or asleep. This can be seen in an Electro EncephaloGram. In sleep, waves are large and slow. At certain times they become small and faster. During these periods of small and fast waves, eyes move rapidly as though the sleeper were watching a sequence of events. This stage of sleep-REM - is when dreams occur. If awakened during REM sleep, person is likely to recall details of the dream.

Ancient cultures believed that dreams were of spiritual in origin, often foretelling the future. Aristotle believed that dreams originated from within the dreamer, arising from the heart. Modern dream research has focused on two general interpretations of dream content. The recounting of dreams has been used widely as part of clinical treatment. If dreams express important wishes, fears, concerns, and worries of the dreamer then the study and analysis of dreams can help reveal previously unknown aspects of a person's mental functioning.

A considerable amount of emotion is commonly present in dreams & it is usually a single, stark & intense emotion-fear, anger, or joy; rather than the modulated emotions that occur in the waking state. Most dreams are in the form of interrupted stories, made up partly of memories, with frequent shifts of scene.

This broad characterization includes a great variety of dream experiences. Many dreams collected in sleep laboratories are rather ordinary, but most people have at least some bizarre dreams. At the start of the 20th century, Sigmund Freud proposed that a mental process quite different from that used in the waking state dominate the dreaming mind.

ARE DREAMS OUR SHADOW ?

Yes of course ! Exploring this shadow would uncover whole areas of our personality, which are hidden - the repression's and hostilities both towards us and to others. Thus dreams are so important to us as doctors and are the key to the man Most times [9 out of 10], when these repression emerge from the shadows, they are found to be very trivial=of trivial incidents and happenings. This is because this images or feelings were formed in CHILDHOOD when trivial too hurt much. What seems trivia today, at the maturity age, were very important & hurt hugely. All of us can easily identify with this. I can still recollect that first pimple which occurred just as I was going for a party and I thought I should die rather than go to a party with such a mammoth disfiguring ! Today I would probably laugh at such intense

part is that since it concerns trivia, they are more easily resolved, once we recognize the basic beginning of our anxiety or insecurity. Resolution of this, then, will be healing.

ARE DREAMS IN COLOUR ?

Yes, the more important ones are. Each colour has its own symbolism : It tells a lot about the person. And knowing a lot about the person gives us clues to the remedy.

Along with this general information about dreams and their significance in exposing the hidden, their impression on a person's psyche, a detailed analysis of what people see, will be presented in this talk along with their significance. So we come to : TYPES OF DREAMS AND THEIR INTERPRETATION :

- Dreams of various animals like Horse, Dog, Crow, Cuckoo, Owl, Crocodile, Wolf, bear, bull, birds, fish & snakes.
- Significance of numbers 1 to 0
- Significance of shapes like square, triangle, pentagon etc.

ARE DREAMS RANDOM PHENOMENONS ?

Jung saw this distinct disposition in each person's dreams and called it 'INDIVIDUATION' which is very close to our Homoeopathic 'INDIVIDUALIZATION'. It is our unconscious mind speaking to us and we must HEED IT. We must identify these false, imposed criteria, the prejudices, fears and resentments which prevent the unconscious from performing this function.

CHILDREN'S DREAMS

CHILDREN'S DREAMS ARE MOST IMPORTANT, BECAUSE IF WE TACKLE THIER INSECURITIES AT THIS STAGE THEY WILL GROW UP AS RESOLVED HUMAN BEINGS.

Children will give us the clue to what all they feel, their doubts and their conflicts. These, if resolved, will go a long way in making a whole person. They are a direct line to their inner selves. The easiest way to interpret a child's dream is to ask them to draw, and then collaborate on what they are able to describe, with our inference and our understanding.

DREAMS- MAIN TYPES

1 Anxious Dreams
2 Wish-fulfillment
3 Compensatory
4 Aggressive
5 Oedipal
6 Identification

HOM REPERTORY : has a full section on dreams. This tells us how important they are. They give a clue to us about the remedy. And under the effect of the remedy if the dream disappears, then we can know that full resolution of the patient has taken place. Thus they are important parameters to the follow up.

Since reproduction of the entire dream section of the Repertory makes little sense, I will instead take up the study of 2 remedies which, between them, cover the entire gamut of dreams *Magnesia* and *Kali*. We will understand the evolution of these 2 great polycrests. We will conclude this talk with a case or two, according to constrains of time.

"There is no shortage of talent, there is only a shortage of talent that can recognise talent.

- Jerrywald

INTRODUCTION TO ADVANCED RENAL PATHOLOGY AND HOMOEOPATHIC APPROACH

Dr. B.T. Rudresh

Kidney disorders often confront us with challenging propositions especially because the management from other systems is mainly confined to the dialysis and steroids and worse come transplantation. The biggest challenge is can we stop its failure ? Can we arrest the pathology ? Can we help its function to be restored ?

One of the most initial cases and which get me a number of other cases and which made me more confident to accept the challenge and helped me popularise the system in an otherwise untreaded road was of a girl aged 8 years diagnosed as nephrotic syndrome. The pictures show you how she was before and after treatment. Patient did not have any respite from her signs and symptoms and was advised as a last resort transplantation when she came.

The challenge was difficult but achievable and the result is in front of you. The patient not only thanked the system but brought in a number of cases which will follow which confers the immense potential of our system like the OCEAN - mysterious and unexplored.

What I am doing is only sharing my experiences and the concepts based on philosophy and Organon will help understand the management.

Plan of presentation

1. Introduction to any case of pathology depends on :
   - ⇨ *Person diagnosis*
   - ⇨ *Disease diagnosis*
   - ⇨ *Miasmatic diagnosis*
   - ⇨ *Phase diagnosis*
   - ⇨ *Susceptibility diagnosis.*
2. Introduction to kidney cases : a pure experience of sharing
3. Case 1 : Constitution aproach in chronic glomerulonephritis. Mind - Body - Pathology complex.
4. Case 2 : Poor susceptibility : disease overtakes individual. Diagnosis - nephrogenic DI. Treatment *NatMur* based on S/S because of excess of sodium (physiological application).
5. Case 3 : Nephrotic syndrome. Objectives - importance of evolution and cause - effect in this case Stroptococcin in management of nephrotic syndrome.
6. Conclusion : With how the principle and practice when done in our clinics can be applied to SOCIAL causes - mustard oil contamination dropsy case management.

"We judge ourselves by what we feel capable of doing, while others judge us by what we have already done"

- H.W. Longfellow

MANAGEMENT OF PATHOLOGICAL DISORDERS -A CLASSICAL APPROACH

Dr. Ashakiran

Treatment of a pathological case involves analysis and interpretation of certain criteria and involves varied concepts, most importantly the law of Similars, and the concept of totality of symptom. A classical approach is obviously operating on the guidelines laid down by Hahnemann in Organon. Aphorism number 3 clearly defines an approach:

- Knowledge of disease
- Knowledge of medicinal powers
- The choice of remedy, the medicine **indicated** requiring proper dose and potency.

On these lines first of all

A. A clinical diagnosis which favours an understanding of the extent and depth of the structure involved and prognosis which helps us know the disease is reversible/ irreversible

B. Miasmatic understanding to assess, analyse and interpret the volume/paucity of symptoms in terms of affection of the Form, Function and Structure. This data derived helps to understand the underlying miasmatic load - both fundamental and dominant

C. The life stresses undergone by the patient, if and when found to be influencing the structural changes help us understand the susceptibility and the sensitivity of the patient.

D. Remedial diagnosis - will have clearly defined guidelines whether to prescribe for a phase, or a constitutional remedy based on the attributes or a chronic deep acting remedy based on pathological generals/ and characteristic particular.

E. Potency selection is based on the similarity at the levels of susceptibility and sensitivity.

Synopsis

Case 1

A young girl Ms. P aged 11 years, coming from the lower strata, living in a slum suffering from rheumatic fever since 2 years, came to me complaining of chest pains and pain in all the major joints-wandering in nature, with extreme tenderness. She had no other signs of rheumatic fever. Investigations showed ASO +ve 400 lu/ml, ESR - 35 mm/hr. She was on Penidine injection LA6 IM given once a month. She had gradually stopped doing all work at home and not even playing at school, sometimes even refusing to attend school.

Probing further into the case did not reveal much of complications structurally nor reveal any life stresses influencing the pathology. She was obedient, very mild, and very happy with the family around her. She had terrible fears of darkness, increased perspiration2, and chilly3 patient weighing 35 KGs.

Taking all the attributes into consideration a constitutional remedy - Calc C 200 once daily for 3 days weekly was given. Within 2 months she was regular in school, took part in sports and was helping her mother in domestic work. ASO was repeated and was 200 lu/ml, ESR was not 10 mm/hr. at this point the dilemma was whether to withdraw Penidine or not. On consultation with the physician, same Calc C 200 was repeated for ASO negative period of 6 months before Penidine is totally withdrawn.

This is so because Penidine is a cardioprotective agent against streptococcal sera, and it was important to be sure that our constitutional remedy was acting well as a cardioprotective agent against as well.

Case 2

Mr. S aged 37 years, Konkan Brahmin coming from an upper middle class came with joint pains wandering in nature associated with mild fevers and purpuric spots (bright red3 and cherry like) on the tibial region, bilaterally extending upto thighs since Sept. 95 onwards. He also complained of throat pains alternating sides. O/E glossy looking tonsils.

The case was diagnosed as Henoch-Scholein Purpura with minor gastrointestinal involvement, i.e, bleeding stools, occasionally frank darkish blood. There was no renal involvement.

Past history

acute bronchitis, repeated sore throats, Typhoid, Rheumatic fever and Amoebiasis. Was treated for allopathic treatment. He is allergic to sulpha drugs.

Family history

Father healthy

Mother suffering from Hodgkin's Lymphoma, Diabetes Mellitus, Hypertension and Chronic allergic bronchitis.

Personal history

Craving for sweets[2], milk, seafood	Thermal - ambithermal/hot
Dreams - rare	No pitting of nails
Perspiration - not much	Weight 57 KGs

Investigations

ESR - 66 mm/hr ECHO - normal ASLO - negative

Miasmatic understanding - as you see there is a very heavy syphilitic load - as fundamental miasm. But so far the patient expresses only a Tubercular miasm as a dominant miasm.

His life situation revealed the only stress he was undergoing was his mother's health. He was otherwise a very calm and happy person. He handled even his mother's health in a methodical way without undergoing too much stress. His job situation was extremely comfortable and shared a good relation with family members.

His illness dates back much before his mother's ill health was diagnosed and no correlation between stress and disease could be established.

On repertorisation - the remedies which came strongly were Phos, Calc, Lachesis and Lac-can. Lac-can was chosen as a chronic deep acting remedy as other remedies were contraindicated taking personal history into consideration.

Treatment - Lac-can 200 0-0-1 x 5 days

With immediate relief. Sleep better, joint pains - nil, gastrointestinal bleeding - nil.

Treatment was then continued for two months. But he continued to have acute throat infection for which *Hepar sulph* and *Phos* were used with only partial improvement. A throat swab was done to rule out streptococcal infection, which was negative. During this period skin was the same. Therefore Lac-can was used even for his acute throat infections for eight months with marked improvement. Mild fevers - nil. Throat infections were very mild, mostly subsides by itself. Skin - Purpura was much better and would come up only on severe physical exertion. Lac-c 1M was started and all symptoms subsided except the skin and occasional joint pains:>[3] 75%

So this is a case where a ***nosode*** *acts as a single remedy which encompasses both the acute sector and chronic pathology.*

PROFESSIONAL BODIES AS VOLUNTARY HEALTH AGENCIES

Dr. ESWARA DAS

INTRODUCTION

Homoeopathic system of medicine as the most safest and simplest curative discipline occupies an enviable position amongst other medical systems. A moderately sound infrastructure is available in India for its growth and development. It is now recognised as one of the National systems of medicine. To a large extend the credit goes to professional organisations for its constant and vigorous persuasion with the policy makers and tireless efforts in popularising the system amongst the public. During this process few stalwarts have contributed their life time in philanthropic propagation on missionary zeal to see that Homoeopathy gets its due attention and acceptance. We were blessed to have great individuals as institutions who showed the path to health through Homoeopathy. They occupy our heart as great as an institution. Unfortunately such zealous and dedicated spirit is gradually receding amongst the professionals. Having established Homoeopathy on firm footing, our responsibility towards the national exchequer should be focused to meet the aspirations and goals of the country. Now we have several institutions with out individuals to lead us. We are at a cross road waiting for a leader to guide us in the right direction. This dilemma may be a natural phenomenon for young and growing science. We have to think of taking the system towards further advancement in the right direction on the solid foundation laid down by our stalwarts. This is possible by collective discussions and deliberations.

An over view of the present Health problems

The health problems in India may be conveniently grouped under the following heads:

1. Population explosion 2. Medical care problems 3. Communicable diseases. 4. on communicable diseases. 5. Nutritional problems 6. Environmental sanitation problems

Communicable diseases continue to be a major problem in India. There is a resurgence of malaria, tuberculosis etc. HIV/AIDS is exploding in an alarming proportion. With the change in life style and industrialisation a host of non communicable diseases such as diabetes, cancer etc. are increasing. A small portion of our population is well fed and the larger group is under nourished giving raise to protein energy malnutrition, nutritional anaemia, low birth weight, nutritional blindness etc. In the medical care front we have more or less achieved the national target on physical infrastructure. We have as on 30.06.97, 22,010 Primary Health Centres, 1,36,339 Sub centres, 146 Allopathic medical colleges admitting 11241 medical students. The total Allopathic doctors are 4,10,800 as on 31.3.1997 and bed strength available is 5,96,203. These are supplemented by the physical and human resource infrastructure in ISM & Homoeopathy. Inspite of all these we are far away from our dream of providing a reasonably good health care to our population. One of the reason could be the way health care was looked at by early policy makers. It could be seen that the health care was identified as synonymous with medical care. When we realised that medical care is only a small component of it, We had already invested huge

amount of our scarce resources in infrastructure development in medical care. A short look at the monetary support the health sector received in successive Plan periods is as under:

SL. NO.	Period	Health	Family Welfare	Water Supply & Sanitation	ISM & Homoeopathy
1.	I Plan (1951-56)	65.20	0.1	N.A	0.40
2.	II Plan (1956-61)	140.80	2.20	N.A	4.00
3.	III Plan (1961-66)	225.00	24.90	10.70	9.80
4.	Annual Plan (1966-69)	140.20	70.50	102.70	N.A
5.	IV Plan (1969-74)	335.50	284.40	458.90	15.83
6.	V Plan (1974-79)	682.00	497.40	971.00	25.07
7.	1979-80 outlay	268.20	116.20	429.50	N.A.
8.	VI plan (1980-85)	1821.05	1010.00	3922.02	29.00
9.	VII Plan (1985-90)	3,392.89	3,256.26	6,522.47	43.00
10.	Annual Plan 1990-91	960.90	784.90	1876.80	N.A.
11.	Annual Plan 1991-92	1185.50	749.00	2514.40	N.A.
12.	VII Plan (1992-97)	7575.92	6500.00	16711.03	88.00

The above figure show that monetary support for the ISM & H sector was insignificant.

The population explosion and its repercussion are a major concern for the Healthy policy makers. In spite of huge investment, we are expanding our population at a very high rate. It is observed that we are adding the population equivalent to that of Australia every yr. With a land mass of 2.4%, we are having 16% of world population, out of which 72.4% live in the rural areas.

As against the above background, we have to ponder over the role Homoeopathy has to play as a health care modulator to the national goals and targets. We have largely remained as a medical system capable of curative care. In that area also we have dilemma on the role we have to adopt in the National Health Programmes. We have to be specific about our strength and weaknesses. We have to succeeded in showing our strength as a viable multidimensional, multifactorial health care system capable of playing a heath promoter, preserver and disease preventer with adequate capability to manipulate the environment, sanitation, socio economic aspects of the community and thus an over all health administrative set up to the country.

In this context the role of professional bodies / voluntary organisations has become all the more important. The organisations assisting in guiding, pioneering and supplementing the work of Government agencies are called a voluntary organisation.

A voluntary health agency may be defined *as an organisation that is administered by an autonomous board which holds meetings, collects funds for its support chiefly from private sources and expends money, whether with or without paid workers, in conducting a programme directed primarily to furthering the public health by providing health services or health education, or by advancing research or legislation for health, or by a combination of these activities.*

Voluntary Health Agencies in India

According to a rough estimate, more than 7,000 voluntary organisations are working in the above areas of health care through out the country. Voluntary agencies have played significant role in developing alternative models as well as providing low cost and effective health services in many part of the

country. They have been able to develop village based health cadres, educational materials and appropriate technology. They also help in filling the critical gaps that exists in Government health services.

The existing VHAs in India could be grouped as specialised community health programme groups, integrated development programme groups, health care for special group of people, Government voluntary organisations, health work sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce, health researchers and activists, and campaign groups. Some of the important VHA s in India are Indian Red Cross Society, Indian Council for Child Welfare, Tuberculosis Association of India, Family Planning Association of India, Professional bodies such as Indian Medical Association, All India Licentiates Association, All India Dental Association, the Trained Nurses Association of India, International agencies such as The Rockefeller Foundation, Ford foundation, and CARE (Co-operative for American Relief Everywhere), etc.

The Role of the professional bodies in Homoeopathy

The professional bodies like *Homeopathic Medical Association of India* and *Indian Institute of Homoeopathy* are the strong professional bodies in Homoeopathy representing the 1,86,000 strong Homoeopaths in the Country. We are having the largest Homeopathic fraternity in the world. These bodies have to fill the vacuum created by the retirement of our great masters. The spirit in which they have fought for the cause of Homoeopathy is to be maintained. The devotion they have shown is to be demonstrated. The motivation they have created is to be instilled to our youngsters. As our science has vertically and horizontally grown, one or two individual alone may not be able to lead us. We have to work in a team through the common platform of the professional organisations. They should resolve the direction in which the system is to be taken in the next millennium. They should form the strategy for further developing the system. They should take the role of guiding and guarding the policies of the Government. They should assist the Government in laying the methodology for further development of the system. They should define the role a Homoeopathic Physician has to play as a clinician, researchers, teacher or administrator. Above all Homoeopathy and Homoeopathic medicine is to be suitably defined. They should act as the catalyst in defining the role of Homoeopathy in National Health programmes, the position of Homoeopathy in Drugs and Cosmetic Act, Assist the Central Council for Research in Homoeopathy in establishing its research goals through the recently introduced Extra Mural research projects, assist the Central Council of Homoeopathy in their attempts to maintain the minimum standards of education and bringing out strong Post Graduate programmes etc. The professional bodies should inspire the professionals and awake the talents.

The department of ISM & Homoeopathy has identified the core areas for development in the IX Plan. To achieve the goals each of us could do a lot. We should act fast. In the preamble of the professional organisations these sort of works are already incorporated. They should activate it. Through their vast net work in the states and districts, it would be desirable to set up monitoring cells for major out breaks of epidemics, collect the success stories of the practitioners, organise reorientation camps to the practitioners, assist the institutions to improve the standards, encourage the extra mural research activities etc. These are few immediate possibilities. The nation is looking forward to the professional agencies to fill the gap which the Government could not do. The Government is looking to wards the professional agencies for a responsible dialogue for the betterment of our health care sector, so as the achieve the health targets. Homoeopathy can play an important role in health sector. Homoeopathy has certain areas of strength. It is we who have to put in to action acceptable to all.

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Specialised Non-Political Health Policies of United Nation W.H.O. Day Themes

1958	Ten Year of Health Progress
1959	Mental illness and Mental Health in the World of To-day
1960	Malaria Eradication - A World Challenge
1961	Accident and their Prevention
1962	Preserve Sight - Prevent Blindness
1963	Hunger Disease of Million
1964	No Truce for Tuberculosis
1965	Small Pox-Constant Alert
1966	Man and his Cities
1967	Partners in Health
1968	Health in the World of Tomorrow
1969	Health - Labour and Productivity
1970	Early detection of Cancer Saves Life
1971	A Full Life Despite Diabetes
1972	Your Heart is your Health
1973	Health begins at Home
1974	Better Food for a Healthier World
1975	Small Pox Point of no Return
1976	Foresight prevents Blindness
1977	Immunize and Protect your Child
1978	Down with High Blood Pressure - A Healthy Child, A Sure Future
1980	Smoking or Health. Choice is Yours
1981	Health for all by 2000 A.D.
1982	Add Years to Life
1983	Health for All; - The Count Down has Begun
1984	Children's Health, Tomorrows Wealth
1985	Healthy Young our Best Resource
1986	Healthy Living, Everyone a Winner
1987	Immunization - A Chance for Every Child
1988	Health for All - All for Health
1989	Lets Talk Health
1990	Our Planet our Health; - Think Globally act Locally
1991	Should Disaster Strike be Prepared
1992	Heart Beat - The Rhythm of Health
1993	Handle Life with Care;
1994	Oral Health for a Healthy Life
1995	World without Polio - by 2000 - Global Strategy
1996	Healthy Cities For Better Life
1997	Emerging Communicable Disease - Global Concern

W.H.O. AND RECOGNITION OF HOMOEOPATHY

Text of the Letter from Regional Advisor W.H.O. to *the Editor of Homoeopathic Forum*

Dear Dr. Chandrashekar,

Ref. is made to your letter dated 12th July, enquiring about recognition of Homoeopathy by the W.H.O.

W.H.O., in general, recognises traditional medicine (TRM) as an important health system of the member state and is assisting the member governments in the development of various aspects of their traditional medicinal programmes such as National Programme Development, Health Systems and operational research, clinical and scientific investigation, education and training the exchange of information.

It is considered that recognition of a system of medicine is the prerogative of Govt. of each country. W.H.O.'s role, as an inter-governmental organisation, is to foster team work among all categories of Health professionals and workers in so far as a modality of treatment is proven to be more beneficial rather than deleterious to the overall health and well-being of the people in all respects.

With best regards,

Yours sincerely,

Dr. Kin shein

Regional Advisor, Essential Drugs & Vaccines for Regional Director, W.H.O.


Knowledge
is
Power

HOMOEOPATHIC EDUCATION

Dr. K. Siva Shankar

Addl. Director (Homoeo) Retd., Dept. of Indian Medicine and Homoeopathy, Govt. of Andhra Pradesh, Hyderabad.

Homoeopathy as a branch of Medical Therapeutics is described as an art as well as a science. Science comes later to explain the art. Homoeopathy has been practised with missionary zeal for several decades by practitioners who had tremendous faith in that. There were no institutions those days to impart formal training in this field. It was the faith and conviction that worked as a driving force to carry on the torch of Homoeopathy. Even in those days excellent results were achieved by those masters and a base was created for Homoeopathy to develop.

The Ist teaching Institute in India was started in Calcutta more than 100 years ago. Many Stalwarts in Homoeopathy are the products of that Institution. Later on several Homoeopathic Colleges came into existence all over the Country. Now Homoeopathy is recognised as a system of medicine in our Country and the Homoeopathic education is streamlined after undergoing several changes. Now Homoeopathy is taught as a Post Graduate Course but it was started as a Diploma Course.

Several great men had toiled and sacrified so much for this system of medicine to reach this level. At every stage of its development several obstacles had to be crossed, created by bureaucratic and scientific medicine experts. But Homoeopathy had crossed all the obstacles and come to a stage where only the advantages of this system of medicine have to be shown to the people. An awareness for Homoeopathy has to be created among the common public.

Homoeopathic Education :

One of the meanings given for education is : "Strengthening of the power of the mind" Real Homoeopathic education beings after coming out of the Colleges.

CONFIDENCE-CONVICTION - COMMITMENT

The three 'C's are the essential requirements of any Homoeopath.

Confidence is a basic necessary which makes a Homoeopath develop conviction and later commitment. Confidence comes out of experience.

A graduate who comes out of the Colleges usually lacks confidence because his/her concentration as a student is more on extra-curricular activities and studying the subject from the examination point of view. So the real and practical education starts only when the physician as an independent practitioner is exposed to patients suffering from various ailments. The more one is exposed to patients, the more one learns. As one goes on learning and getting oneself exposed more and more, automatically confidence develops. Here I may narrate an incident to indicate how much confidence helps a practitioner.

In a research project research was conducted on patients suffering from Insomnia. The system adopted was dividing the patients into 2 groups A and B. Patients in group A were given Placebo and in group B medicine. After one month results were evaluated and patients in Group A who were administered placebo improved only 30% where as in other group improvement was 80%. The researcher was preparing a statement of his observations and at that point of time he received a message that by mistake he was sent only placebo in both the packets and no medicine was sent.

That means all through this one month period patients in both the groups received only placebo. The researcher was baffled as to his own evaluation. If both the groups were given only placebo, how was it in Group B which was also given placebo only had shown positive improvement. Later this issue was discussed at a higher level. And the only conclusion they could arrive at was that the Researcher while distributing placebo to Group A obviously had not manifested confidence. When he was distributing medicine to the other group (thinking it to be medicine) he must have exhibited a lot of confidence which influenced the patients.

As such one can understand how essential it is to have confidence while treating the patients and how much it will influence the patient.

Conviction :

Profound confidence in the work you are doing gives you a tremendous conviction. If there is conviction one can inculcate lot of faith in the patient and convince the patient about the efficacy of Homoeopathy. But it should not be a blind conviction. One should be able to discriminate what is curable and what is incurable.

Every therapeutic system has its own limitations, so also Homoeopathy. As a part of Homoeopathic education one should get acquainted with a through knowledge of physiology and pathology. There is no way one can cure a deficiency disorder without substitution. If the disease is due to nutritional deficiency there is no point in giving a potentised medicine without rectifying the nutritional disorder.

A real Homoeopathic education should teach a physician to logically discriminate where Homoeopathy ends. When the pathology is irreversible like the Gangrene, advanced stages of Malignancy etc., where there is extreme dehydration, extreme degree of Hypoprotenaneia, severe form of Haemorrhages. Violent infections etc., need the intervention of some auxiliary method of treatment, Surgical intervention or even Allopathic treatment.

Here we may quote from one of the greatest Homoeopaths ever lived **Dr. Stuart Close**. *Homoeopathy is not, strictly speaking a system of medicine, as it is often inaccurately called, using the word medicine in its broad general sense. General medicine is made up of a number of distinct sciences including general therapeutics which covers all the therapeutic resources known to man. It makes use of many agencies besides medication for the alleviation of human ills. Homoeopathy therefore is a Department of General Medicine like Anatomy, Physiology and Pathology.*

Commitment :

Commitment to a cause goes a long way in fulfilment. As we have explained earlier in this paper Homoeopathy is not only a Science but is also an art. No artist can shine if he is not committed to his profession. A Homoeopath needs tremendous devotion which comes out only by commitment.

Hence Confidence, conviction and Commitment are the basic pre-requisites of a Homoeopath. To develop these 3 qualities one needs a lot of education and that is possible by continuing medical education only.

In this context I may quote from **Lord Bacon** - ***"Reading makes a full man, Conference a ready man, writing an exact man"***. So a good Homoeopath is always a student, always learning, should receive education through reading, attending conferences and writing articles.

The knowledge of Pathology, Physiology and Clinical medicine gained by a student in the college will go a long way in understanding the pathogenesis of a disease and application

of Homoeopathic principles more scientifically. A Homoeopath should always try to understand the "Why and How" of every symptom. This will enable him to critically analyse and evaluate the symptoms for proper selection of the remedy. Without a proper understanding of pre-clinical, para-clinical and clinical subjects which are taught in the college practising Homoeopathy will be more difficult.

In this context I may quote from Dr. Allen C. Neiswander who has very beautifully analysed education that is necessary for a Homoeopath. He described them as "Five knows".

1. **Know Diseases**	- Pathology	- Etiology - Nosology -Diagnosis -Prognosis
2. **Know Drugs** Pathogenis and Pharmaceutics	- Drug	- Toxicology - Provings on the healthy - Over dosing
3. **Know How** To adopt the medicine to the Patient	-Homoeopathic Method	-Similia Similibus Curentur. - Totality of Symptoms - Single remedy -Minimum dose

Antipathy Method - "Contraria Contraris Curentur"
Heteropathic Method - Empirical.

4. **Know the Obstacles** In the way of recovery and how to remove them.	- Constitutional and Genetic. - Physchological barriers. -Nutritional and Dietetics -Surgical Blocks - Occupational and living Conditions.

5 **The 5th Know of Homoeopathy is**

HOW TO DETECT AND TREAT EARLY DEVIATIONS OF HEALTH, that are forerunners of more serious and chronic conditions. A Physician who is oriented to the Homoeopathic Philosophy of health and well-grounded in the Ist four Homoeopathic know-hows is in a unique position to either prevent, alleviate, or cure some early predispositions to illness.

From the above it is every clear that as a Homoeopath the task is not only to cure the sickness but also prevent it. This is a very important part of our education.

A constant touch with the manifestations of various epidemics, and their early signs will go a long way in preventing the onset of such diseases. Besides this, as Homoeopaths we know that several constitutional discrasias which are likely to develop and establish as chronic diseases could also be averted to a certain extent.

E.g. : A recurring sore throat may perhaps lead to throat Cancer, a recurring abscess may become malignant. Leucorrhoea which looks so simple and easy to treat may be a precursor of Carcinoma of Cervix. Hence a Homoeopath should be educated in identifying and anticipating the deviation of the health. In the context it is proper to mention the observations of **Doctor Cawardice** who says "*the Clinician must pass from the Diagnosis of the disease to the Diagnosis of the diseased individual*".

As a part of Homoeopathic education we have necessarily to discuss the approaches of 2 great Stalwarts namely. ***Boenninghausen*** and ***Hughes*** along with ***James Tyler Kent***.

Kent followed by and large the conventional Hahnemannian method and laid a lot of emphasis on constitutional treatment. ***Boenninghausen*** and ***Hughes*** were totally different in their approach in the treatment of the sick. Boenninghausen had never agreed to the method of individualising a patient basing

only on subjective symptoms (So called constitutional symptoms). He never opposed individualisation but his method was to individualise a patient on the basis of the complete symptom.

Boenninghausen never accepted that mental symptoms alone should be given highest value in the selection of the remedy. He was a contemporay of Hahnemann and had the courage of conviction even to oppose Dr. Hahnemann. Dr. Boenninghausen's theory is very pragmatic and a large number of Homoeopaths world-over follow his School of thought.

Dr. Richard Huges may perhaps be considered as a revolutionary. He was the Professor of Materia Medica in the London School of Homoeopathy in the year 1877. He advocated that pathology plays a very important role in the selection of the potency. Those were the days when only Hahnemannian line of thinking was in vogue and as every one is aware Hahnemann never considered pathology for the selection of the medicine. As such Hughes could be considered as a revolutionary in a way. He said every drug had an individual kind of action and a special centre upon which it acts. It was necessary to know the pathology of the drug he said, because mere mechanical symptom covering was as likely to miss the mark as to hit it.

Hughes says that the Similimum, more over, which I shall seek to establish between drug action and disease will be in the main 'Pathological". The converts who have accepted Hahnemann's Homoeopathy were convinced with its law of similarity, its provings of medicine on healthy human beings, single medicine and potentisation etc. but they did not think they need follow him in his rejection of Pathology. They preferred to work the rule Similia Similibus with Pathological similarities where they are obtainable, he further says pathological similarity must be better than no similarity at all.

MANY DON'T SUBSCRIBE to Dr. Hughes line of thinking. The beauty of Homoeopathy is that except the basic fundamental laws on which this great art is based, in many other aspects there seems to be no unanimity. This applies particularly in the field of therapeutics. e.g. : In the following methods, that is potency selection, repetitions of the dose, evaluation of symptoms, individualisation etc. However different practitioners follow different modes of applications as per their own wisdom and there is no question of denouncing any method or upholding any method. There is no place for dogmatism in Homoeopathy or for that matter in any Science. In this context we may quote **Dr. Sir John Weir** a great English Homoeopath *"We talk of science as of something concrete and absolute, forgetting that except where based on the immutable laws of nature, the science of today is too often the nonsense of tomorrow. Plausible theories and dogmatisms are constantly displaced by dogmatisms and theories more plausible and nothing endures save truth.*

The aims of medicine as perceived by the public are still enshrined in the ancient phrase, *"to cure sometimes, to relieve often, to comfort always"*.

Only Homoeopathy survives unchanged, more alive, more scientific today than ever before in its history. Matter is liable to get destroyed, materialism exists for a period of time but dynamic energy is ever lasting. Homoeopathy is dynamic.

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LIGHT ISOTOPIC MODEL OF HOMOEOPATHIC POTENCY SUBSTANTIATES HAHNEMANN'S ANALOGY WITH MAGNETIZATION

Dr. A.C. Dutta

Hahemann belived that by triturating a medicinal substance and/on by shaking vigorously its solution, the medicinal powers hidden within it is more and more developed and manifested. Such as a Steel bar when dynamized by rubbing it with a magnetic bar in one direction, it soon becomes a true active powerful magnet, able to attract iron and steel to itself and impart to another bar of steel the magnetic power and this in a higher degree the more it has been rubbed[1].

In the process of homoeopathic potentization the very first thing that occurs is the production of electromagnetic fields, due to frietion between ethanol molecules and the glass surface. Because not only solid non-metallic bodies acquire frictional electricity when rubbed against other bodies, but also charges are known to be generated when a liquid flows over a solid surface or a powder is rubbed against a solid body[2]. Only good insulators are, however, known to show a net charge after rubbing, because electric conduction permits neutralization of the charges very rapidly in other materials. Incidentally, glass vessels, particularly of Straight cylindrical types, are known to be capable of withstanding very high voltage.

Alcohol due to its strong electron affinity acquires excess electrons and gets negatively charged, while the glass surface lossing electrons becomes positively charged. The charges so developed are however, not easily neutralized by conduction, because the glasses, especially the commercial glasses used, and also the wooden cork, porcelain mortar pestles, ebonite spatula etc. all are known to be highly resistive to electricity, which is known to be extremely high, particularly in room temperature. The medicinal value of the homoeopathic potencies are said to be not developed if touched by hand during the process of preparation. This is because the charges thus produced are easily conducted through the body.

Further, it is known today that when an electron comes somewhere near the nucleus of an atom, where there are strong electric fields, the electron is accelerated and in the course of that it gives of a gamma ray and then the electron goes on with a little less energy. Then if the gamma ray comes near the nucleus of another atom it makes a pair, an electron positron pair or positronium. Gamma rays are known as electro magnetic waves, similar to visible light but with very short wave lengths, and no change in atomic weight or atomic number is said to be caused by emission of gamma rays. The pair production is of considerable theoretical interest in particle science, not only as an example of materialization of energy, but also as a striking confirmation of relativistic quantum theory proposed by Dirac.

Structurally positronium ($\bar{e}\,e^{+}$) is said to be analogous to a hydrogen atom ($\bar{e}\,p^{+}$). The gross structure of its energy levels being same as that of hydrogen, the fine structure is rather different. In hydrogen atom one electron revolves about

a single proton, whereas in positronium the part of proton is played by a positron. Hence, the positronium is said to behave like a very light isotope of hydrogen[3].

Apart from its short life (10^{-7} to 10^{-10} second) the mass and charge centres in the alliance are known to be coincident. During it brief lifetime positronium is also said to be capable of entering into chemical compounds which have free valence bonds left[4]. Existence of positronium complexes and compounds have been theoretically approved[5]. Beside positronium, the light isotope of hydrogen, existence of two more such light isotopes, i.e., the light isotopes of 'helium' and 'lithium' have also been traced in recent time[6]. Incidentally, clumping of two positronium units may give birth to a light isotope of helium ($2\bar{e}$ - $2e^{+}$), and three positronium units to a light isotope of lithium ($3\bar{e}$ - $3e^{+}$), with or without interaction by 'neutrino', the baby neutron. The creation of nutrino requires negligible energy, since its rest mass is close to Zero.

Further, the stability of positronium is known to depend markedly on the chemical composition of the surrounding medium, and also the structure of the molecules the electron - positronium pair gets into.

Thus in the process of homoeopathic potentization strong electric fields are first produced, which simultaneously give rise to positronium units, due to absorption of electromagnetic wave. In the surrounding of the 'Polar' molecules of ethanol the positronium units are supposed to be comparatively stable, and clump together to attain further stability. In the vicinity of the drug molecules and induced by their specific molecules fields, some of the positronium units may specifically clump together to give birth to the light isotopes of the drug molecules, which retain the chemical property of the original drug substances and remain therapeutically active, even when the original drug molecules are eliminated in the process of serial dilution. At certain stage these light isotopes of the drug substances functioning like autocatalytic agent continue to give birth to their next generation in proportionately increasing concentration, thereby making the homoeopathic potentized medicines more and more powerful with higher degree of dynamization.

It is interesting to note in this context that the 'polarity' has been recognized as an important factor in determining the effect of specific interaction and orientation of the different kinds of molecules. Polar solvents are not only known to induce moments in non-polar solute molecules but also such polar molecules, if placed in an electric field, are expected to become oriented in that field just as a bar of magnet placed in a magnetic field becomes aligned with the magnetic field[7]. Also according to some recent observation, microscopic particles in suitable environment are known to behave like 'mini-magnets'. The properties of such mini-magnets, their strength and orientation and ability to change either, are also said to depend crucially on the characteristics of the host, in the vicinity of the atom or ion[8].

The above observations undoubtedly reminds one of Hahnemann's well-known analogy of homoeopathic potentization with that of magnetization. Although about two hundred years back Hanemann's analogy was probably found to be an over-simplified

impartable to steel bar only, but with the advancement of modern science and at the same time due to various spectacular discoveries and observations, particularly in different fields of micro-sciences, today a greater scientific insight into the process of potentization is achieved, which broadly corroborates with the Hahnemannian concept and at the same time resolves various problems and controversies concerned with the potency phenomenon.

Existence of light isotopes or electron-positron atomic system or infinitely small mass, has been so far established through indirect evidences only, as because observation became difficult due to considerable doppler broadening cause by the relatively high velocity of atoms of such small mass at thermal energies[9].

To conclude therefore it may be said that the identical globular doses of the same homoeopathic medicine in different ascending potencies, e.g. 6c, 12c, 30c, 200c, 1000c, 100,000c etc. contain discontineously inereasing concentration of high-energy light isotopes of the drug substances. In other words they are atomistic and therefore increasingly quantized.

Importance of quantum of action for life process is indicated by the continuity and remarkable stability of the genes. The genes can only change their structure discontineously and not gradually. If actions were not quantized, even small environmental changes would change the genetic structure[10].

Hence homoeopathic potentized medicines containing high-energy light isotopes of the drug substances in increasingly quantized form are capable of entering into the chromosome level and exert their curative influences on the defective genes, functional and/or structural, causing thereby acute and/or chronic disease conditions[11].

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Potentized homoeopathic drugs act through regulation of gene-expression : a hypothesis to explain their mechanism and pathways of action in vivo

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SUMMARY. *A working hypothesis to explain the mechanism of action of potentized homoeopathic drugs in vivo has been proposed. The model is partly substantiated from our own research data on repair of chromosomal damages in X-irradiated or toxic chemical-treated mice by the oral administration of some potentized homoeopathic drugs, and party from some of the unpublished and published works of other researchers in the field of homoeopathy. In this model, strong scientific arguments have been made to form the hypothesis that the potentized homoeopathic drugs act through regulation of gene-expression, presumably through hormone-hormone-protein complexes - the sensorgene-integrator gene-receptor gene-producer gene pathway of Britten and Davidson's model, or else through the regulator/mutator gene-operator gene-structural gene pathway of Jacob and Monod's model among some other independent mechanisms. Scientific details of some possible pathway, admittedly speculative for some steps, have also been provided to stimulate research in this direction to verify the correctness of the hypothesis.*

INTRODUCTION

Although the methodological weaknesses of some homoeopathic research carried out in the past, e.g. lack of independent replication, have made the claim of efficacy of the potentized form of homoeopathic drugs rather inconclusive and subject to further scientific research, results of numerous clinical trials published in some peer-reviewed journals seem to prove the efficacy of homoeopathic drugs in removing disease symptoms.[1] The paradoxical problem of how the medicinal property could be conveyed to the solvent in potencies diluted far beyond the Avagadro's number in the absence of even one original drug-molecule has been addressed by many eminent researchers by using various studies including UV spectra, conductivity measurement and infrared analysis surface tension measurement, nuclear magnetic resonance spectroscopy and other methods,[2 9] which have revealed that there are physical differences between the potentized dilutions and the solvent itself.

Several theoretical attempts have also been made to explain the unusual behaviour of microdilutions in respect of a certain organization. e.g. polymerization, of water molecules.[10] Excellent working hypothesis have also been advocated to explain how the specific organization of solvents is able to retain and maintain some properties of the initial substance.[11 14] But there seems to be little explanation as to how homoeopathic remedies.

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in much higher dilutions in vivo, can bring forth spectacular metabolic changes in living systems after they are administered in microdoses on the tongue.

Sukul and his collaborators [15 20] tried to explain. through their experimental studies, mostly carried out in rat and mice. that the homoeopathic medicines acted through the autonomic nervous system (ANS). which is centrally regulated in hypothalamus. These researchers demonstrated a change in firing rates (recorded with oscilloscopes) in the hypothalamic neurones after the administration of potentized homoeopathic drugs in anaesthetized rats and mice. They also reported subtle change in neurosecretion after the administration of homoeopathic drugs. However, as the experiments were conducted on anaesthetized animals. While the central nervous system (CNS) was silenced, it could not be known whether the CNS also has any role or not. However. The question of what happens after the emission of neurosecretory signals remains largely unknown, although the involvement of the immune system and the cell's own defence mechanism has been implicated.[21 24] In the following. therefore an attempt has been made to throw some light on this aspect with supporting evidence and scientific logic. (Fig.)

THE WORKING HYPOTHESIS

The homoeopathic drug, being administered on the tongue, excites nerve-endings and the signal finally reaches the hypothalamus, either through ANS or CNS (we would not exclude the involvement of CNS unless excluded by specific experimentation, as the taste-buds are beset with numerous nerve-endings from the 7th and 9th cranial nerves). As a response, suitable hypothalamic neurones would be stimulated to release signals by suitable neurosecretion. The neurotransmitter signals may proceed through nerve-impulse propagation to act directly on the target organs, or else may excite certain endocrine glands to release specific hormone(s) from suitable endocrine gland(s). Hormones may be either of steroid or protein nature. Some of these hormones either stimulate other glands to synthesize/release their product(s) to act on target organs.

However, on the other hand, some of the hormone(s) may form specific hormone - protein complexes which can act as 'gene regulatory' signals to activate some 'sensor' genes as contemplated by Britten and Davidson.[25] According to this popular and most widely accepted model. specific 'sensor' genes represent sequence-specific binding sites (almost analogous to CAP-CAMP binding site in the Escherichia coli promoter in prokaryotes) that responds to specific signals (such as hormone-protein complexes). When 'sensor' genes receive the appropriate signals, they activate the transcription of the adjacent 'integrator' genes. The products of 'integrator' genes then interact in a sequence-specific manner with 'receptor' genes. The model also indicated that the products of 'integrator' genes could be activator ribonucleic acids (RNAs) that interacted directly with the 'receptor' genes to trigger transcription of the contagious 'producer' genes (analogous to 'structural' genes in the operons of prokaryotes).

In this model, it is further stated that, by making either the 'receptor' genes or the 'integrator' genes redundant. various combinations of the 'producer' genes can be turned on in response to different signals.

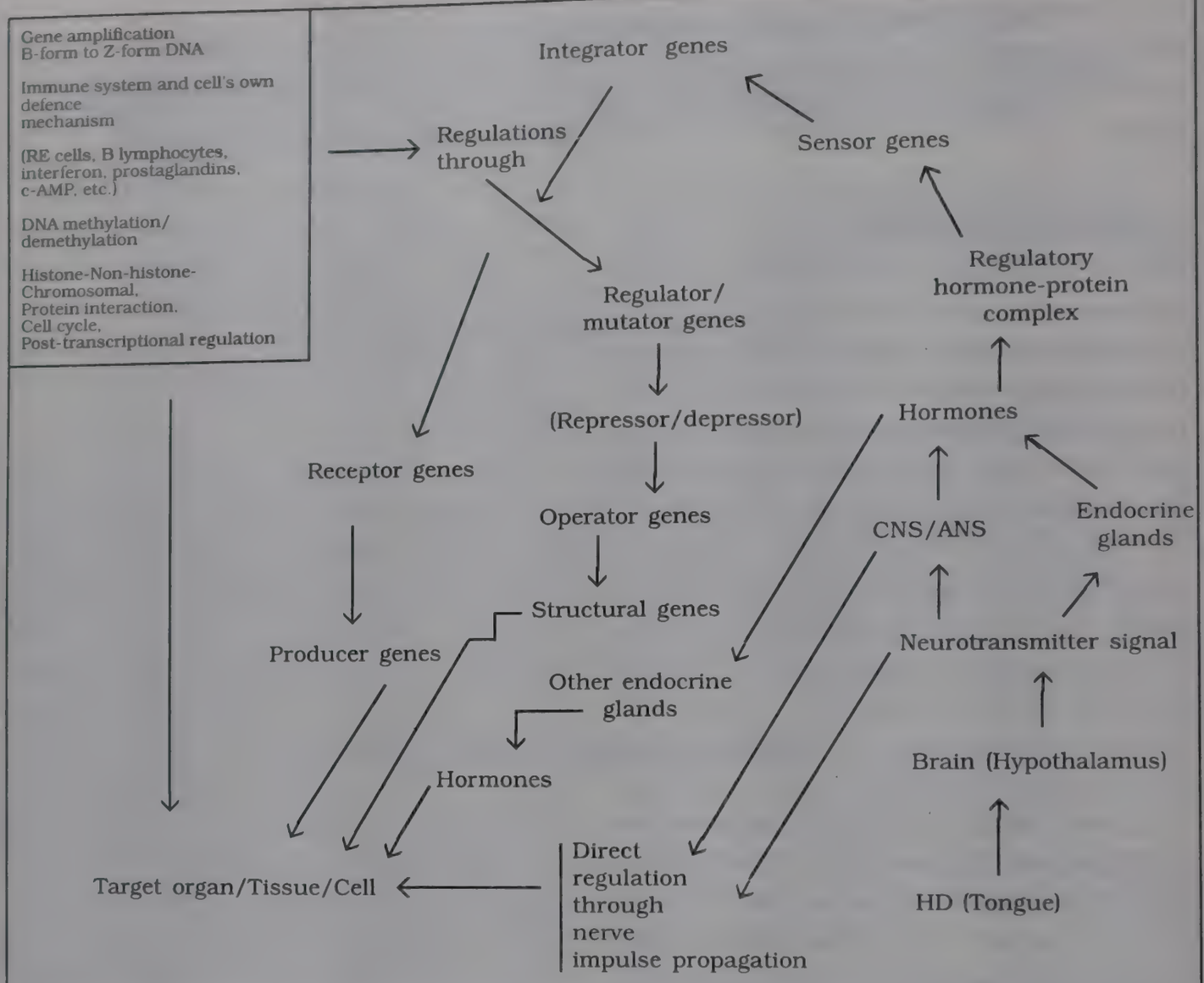


Figure Showing possible mechanism and pathways of action homoeopathic drugs (HD).

Alternatively, the Jacob-Monod pathway of regulator/mutator gene-operator gene-structural gene pathway may also be considered in which an unknown protein acts as 'repressor' or derepressor' to switch on or off the transcriptional activity. In our preliminary experiments (results unpublished), administration of homoeopathic drugs was found to effectively alter some hormone and enzyme levels as claimed also by some other researchers [26 29] earlier in experimental animals. It seems quite possible that some regulatory hormone-protein complexes might also be formed which would regulate the gene expression in the desired way.

Data from our extensive studies with some cyto-genetical and haematological parameters. some of which have been published [30 38] or presented at scientific seminars, demonstrate positively that certain potentized homoeopathic drugs are capable of repairing chromosomal or sperm-head damage. If we take only the repair of chromosomal damages into consideration, the hypothesis of regulation through gene-expression would seem to be the most attractive and plausible scientific explanation for the events that could make repair of chromosomes possible. The

chromosomes consist of both DNA and protein; a repair of chromosome/chromatid break will therefore involve the repair of both DNA and protein. As a matter of fact, repair of radiation-induced damage has been the subject of extensive study and elaborate mechanisms (many of which are now scientifically established) have been suggested.

Of these, three mechanisms, widely accepted and believed to be universal for all kinds of radiation induced DNA damage,[39] are : (1) photoreactivation; (2) excision; and (3) post-transcriptional repair, While the photoreactivation process involves an enzyme that splits thymine dimers directly without removal of any nucleotides, excision repair involves a sequence of enzyme-catalyzed steps in which the thymine dimers are removed from the DNA molecule and a new segment of DNA is synthesized.

The third mechanism, the post-transcription type, involves both replication and recombination, but the exact details of this repair mechanism need further scientific examination. It would therefore imply that the administration of the potentized homoeopathic drugs in X-irradiated mice precisely brought forth one or all of these mechanisms into operation which are exclusively gene-controlled. Further, the synthesis of chromosomal proteins would also necessarily be under genetic control. Thus, when we propose that the homoeopathic drugs act through the regulation of gene-expression, it would be customary to focus on the different mechanisms through which gene action may be accomplished or mediated.

If we look into the scientifically established facts, this can either be mediated or accomplished through : (1) gene amplification : (2) converting B-form to Z-form DNA : (3) DNA methylation-demethylation process ; (4) influencing histone-non-histone-chromosomal protein interation; (5) post-transcriptional regulations; (6) altering or affecting cell cycle; and (7) triggering the proper immune system and cell's own defence mechanisms (e.g. reticuloendothelial cells. B. lymphocytes, interferons, prostaglandins, cyclic AMP, anti-sense RNA, etc.) (see[39] for further information). These are, therefore, the areas to search for a positive change due to the administration of homoeopathic drugs.

Incidentally, the mitotic division of bone-marrow cells, which is stated to be under genetic control, has already been demonstrated by us to alter by the administration of certain potentized homoeopathic drugs, which would lend additional support to our hypothesis. Further, our preliminary results in combatting cancer in a mouse model were encouraging and our preliminary data (to be extended further and verified) indicated that some homoeopathic medicines could extend the life-expectancy in cancer mice, as compared to controls, which would again lead to the same conclusion, since the role of genes (activation of proto-oncogenes into oncogenes and that of anti-cancer genes) in cancer has now been firmly established, and cancer has been suggested as a manifestation of the loss of regulatory mechanism of cell division, which is again under genetic control.[40]

On the basis of the facts known about regulation of transcription, the various regulatory mechanisms fit into two general categories.[39-40] The first category includes mechanisms involved in the rapid turn-on and turn-off of gene expression in response to environmental changes, mostly found in lower organisms (prokaryotes), the second major category of regulatory mechanism includes what is known as 'pre-programmed circuits of

gene-expression'. In the latter case, some events (such as infection by a virus, release of a hormone into the bloodstream, etc.) have been shown to trigger the expression of one set of genes. The product(s) of one (or more) of these genes function(s) by turning off the transcription of the first set of genes and/or turning on the transcription of a second set of genes, and so on. Therefore, even the infection of virus may cause certain genetical changes in the host.

The antiviral efficacy of certain homoeopathic drugs against animal viruses[41] would, therefore, suggest that the drugs actually corrected transcription of a set of genes that were possibly temporarily deranged in their activity. due to virus infection. The contention of the action of homoeopathic drugs through gene-expression also finds support from their action on some plants against various microbe-mediated diseases[42] and on plant growth[43-44] Further, the repair of chromosomal and other genotoxic damage induced by the injection of arsenic (poison) in mice following oral administration of the potentized homoeopathic drug *Arsenic alb* (unpublished data) would further testify our contention that regulation of gene-expression is one of the major mechanisms by which homoeopathic drugs work. Thus, pending further experimental verification, the idea that the potentized forms of homoeopathic medicines could act through regulation of gene-expression and also through hormonal regulations seem to us to be a very good working hypothesis which should attract the attention of open-minded researchers who will seek to either confirm or refute it through well-designed experimentation.

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Laugh .....

Mr. Babu telephoned the doctor for an appointment. The Receptionist said she could schedule him in two weeks.

"In two weeks I could be dead !" moaned Mr. Babu
"In that case", answered the Receptionist" you can cancel the appointments"

Nothing ages a man faster than trying to prove he's still young as ever.

Four things do not come back - The spoken word, the sped arrow, time past, the neglected opportunity

- Omor Ibn.

Examine what is said and not who speaks.

GLYCYRRHIZA GLABRA LINN

a systematic homoeopathic proving

Dr. Ardhendu Sekhar Chatterjee

Vernacular Names : Arabi=Asulus-Suskassarrbasush; English = Liquorice; French = Bakmahahuju; Indian=Jesthimadhu, Mithi Lakri, Ballarimadhu, Yosthic Clitanak, Atimadhuram etc.

Introduction and Summary of the different discussion

Glycyrrhiza Glabra linn (root) used as a medicine specially for excessive thirst, vomiting, acidity, billious problems, cough and cold, emaciation, oedema, sexual weakness etc. etc. since ayurvedic era with some other medicines. Materialistic scientific study demonestrate it contain *GLYCYRPHIZIN*, a glycoside, has steriod like salt retaining action, *CARSENOXOLONE SOD.* and *DEGLYCYRRHIZINISED LIQUORICE* are derivatives used to promote healing of peptic ulcer. This medicinal plant is grown up in rocky or hilly are (North-West America, South America, Greece, Seria, Persia, Afganisthan, China, Western Pakistan, J&K and Punjab of India) and the medicine is prepared from its root. The doctrine of signature about the possible ground where the medicine acts more curatively, is the diseases of the hilly area or of the same weather i.e. days are hot and nights are cold; patient having earthy colour of skin, hard laborious, habituated to do all the skillful works perfectly, silently, slow in habit apathetic, never wants to expressing herself or her any changes except any terrific condition like quarel, vexation suppressive, fixed idea, basically gentle and well behaved, so good that one can ever forget her. This medicine acts better on left side and hot constitution.

Materia Medica of the proved Symptoms

MIND

Forgetful; hurried; Suppressive and strong mentality, rarely expresses her mental grief; loquacity; intelligent; good & sweet behaviour; and gloomy; weeping; irritable, beating tendency, more irritable during pain Fear to thaunder - Storm.

HEAD

Vertigo, constant, without any apparent cause, hungry when Headache on sun exposure, sleeplessness, thinking.

EYE

Burning, yellow conjunctiva. Styes left lower lid.

NOSE

Sneezing. Epistaxis, no definite cause of it, red coagulable blood specially from left orfice; thick bloody nasal discharges, nose is full of thick coryza.

FACE

Acne, hard papular, agg. before menses; blackish, brownish discolouration, black spot from suppression of acne (when Lach. failed). Old looking face, full of deep scar marks. Fever blister at the corner of lips.

MOUTH

Tongue clean, dry, indented, yellowish white coated, cracked, Deep, Longitudinally at the

middle. Foul odor. Ulcer at the corner of mouth extending into inner cheek, small sized blueish ulcer, relieved by cold application. Salivation during sleep.

TEETH

Pain of caries teeth, left lower jaw, agg. by heat and cold.

THROAT

Acute tonsilitis, left sided, suppuration of tonsils, either sides, amel. by warm drinks. Obstruction and pain in oesophagus while drinking.

STOMACH

Diminished or loss of appetite, hungry, small amount of food satisfies, nausea after eating. Thirst excessive; acidity; emptiness; sour eructation; eructation relieves; desire for sweet, extra salt, pungent, sour, bitter, warm and cold food, Aversion to sweet, sour.

ABDOMEN

Distension, borborygmus at morning and before stool; pain around umbilicus in theearly morning, before stool, amel. after stool. Pain right abd., radiating to urethra. Appendix sore to touch.

RECTUM

Flatus, Profuse odorless or offensive, during stool; burning pain in morning, evening, 7 PM before and after stool; rowness of rectum; occasional diarrhoea at ten to fifteen days internal; eruption around rectum with sticky offensive discharge, bleeding from rectum, bleeding piles.

STOOL

Sticky, unsatisfactory or insufficient, semisolid, muddy, hard, mucus; sour or offensive smelling; diarrhoea alternates with constipation; stool passes at alternate day.

URINARY SYSTEM

Profuse and frequent urination specially on touching water, urine cause white spot on floor; attracks ant. Involuntary urination on sneezing, coughing; nocturnal enuresis; offensive.

GENITALIA/MALE

Loss of sexual excitement; seminal emission with dream, on stain of stool and urine; scrotal swelling, left sided, extend to right.

GENITALIA/FEMALE

Bad effect of operation. Menstruation irregular, early, fifteen days interval, scanty, delayed, since death of father; causes black stain on clothes. pain-before, during menstruation, amel. on starting of flow. Leucorrhoea, irritating, profuse, creamy, watery, albuminous, blackish. Pruritus Valvae.

RESPIRATORY SYSTEM

Cough constant dry unproductive, amel. by warm drink; expectoration on hawking. Congestion of lungs, specially left; dyspnoea on exertion, ascending stairs.

CHEST

Pain from pressure of gas. Irregular heart beat.

BACK

Pain of cervical, lumbo-sacral region; on seminal emission. Eruption on gluteal region.

EXTREMITY

Hot palm and sole with cold sweat, sweat on sole. Pain, burning, aching, agg. on moon. Eruption on feet.

SLEEP

Sleeplessness without any cause or from thinking, anxiety. Sleepiness, after seminal emission. Lies on either side, straight. Dreams of falling, starting out from sleep, feared from sensation of falling.

FEVER

Mild rise of temperature, no definite time or type.

PERSPIRATION

Profuse, offensive, of palm, sole, specially sole. Sweat cause uneasiness.

SKIN

Itching on sun exposure, even in winter. Eruption on gluteal region, on feet. Ulcerative changes from eruption.

GENERALITIES

Chilly patient; prefers cold bathing,tight or loose clothing. Emaciation. Obesity. Glandular swelling on moon. Weakness, after stool, seminal emission. Moon aggravates. Hypertension both systolic and diastolic. Pulse irregular, slow.

AGGRAVATION

Sunheat, morning, evening, 7 PM, moon after seminal emission, ascending stairs, empty stomach, before during stool, menstruation.

AMELIORATION

Cold, eructation, warm drink, discharge of flatus, onset of menstruation.

ANTIDOTED

To Mercury

1 **Case No.** : K/H/11.A female, 32, came on 30-10-1996 with left sided neck muscle spasm. She had breast pain before menses, irritating leucorrhoea, yellow stain of sweat; was sad, gloomy, depressed due to love effect (?). G.G.L.30, 200 one dose of each potency relieved her problems (as reported on 18-07-1997).

2 **Case No.** : K/S/283, Male, 22, came on 16-03-1997 with (a) acne over face; (b) Constipation-stool passes two to three days interval, hard or soft, mucus+; (c) trembling of the body, occasionally started out from fear; (d) occasional tonsilitis, right sided, amel. by warm; (e) caries teeth without pain. He had thirst++; appetite++, but small quantity satisfied; polyurea; profuse sweat, feels better after sweet; slept on back; chilly; desire for egg, sweet, sour, meat, cold food; preferred loose clothing; forgetfulness; irritability, tendency to escape from home. He was a young of tall and thin body. G.G.L. 3X. eight doses made his stool clear, increased appetite with amelioration of acne problem (as reported on 18-11-97).

3 **Case No.** : K/S/294, male, 20, came on 10-07-1997 with diffuse acne all over face for five to six years. At past he had measeles and skin affection. The young was thirsty too; chilly; had desire for egg, extra salt & sweet and was shyful. G.G.L. 6, one dram globules with ointment of the same applied repeatedly three times and 70% of the problems ameliorated. Then on relapsing the same, G.G.L. 30, two doses prescribed, which also processes further improvement.

4 **Case No.** : K/M/216, male, 20, came on 23-03-1997 with pustuler acne, ulceration on cheek for two years and a rough wart on right forearm. Examinatory findings were short hight, standed hair, cold extremities,

white coated tongue, both side tonsilities, weight 42 kg, pulse 72 P/M, B.P.-110/70 mm of Hg. The patient was thirsty (10-12 glasses at hot weather); anorexic; had hyperidrosis, offensive and causing uneasiness; used to lie on back; covers head at winter though preferred cold weather; desire for sweet, sour, bitter, warm flld, meat, aversion to salt. Preferred loose clothing; irritable mentality. G.G.L. 6 repeated dose brought down his acne problem & coldness of extremities (as reported on 30-05-1997).

5 Female 30, came with epistaxis of left nose; she had salivation; moon phase aggravating rheumatism. G.G.L. 12, four doses cured the problems.

6 Boy of four years had been suffering from polyurea, nocturnal enuresis, urine attracks and therefore parent could not sleep. G.G.L. 6, eight doses, one daily minimise their problems.

7 Female, 20, history of repeated breaking of her marriage proposal due to her extreme acne over face. G.G.L. 6, eight doses prescribed at alternate days along with external application. Her acne not only cured, her dark complexion also something changed, then married.

8 Female, 70, had irregular pulse 64 per minute with 180/100 B.P. G..L. 3X, eight doses made her pulse regular - 80 per minute and blood pressure 180/80.

9 **Case No.** : B/61/220, Male, 35, came on 21-01-1995 with anorexia, regular nocturnal emission. He had clean, red, deep cracked tongue, longitudinally at the middle; tonsilitis Sp. rt. Wt. - 38 kg. BP - 120/80, Pulse - 104 p.m., GGL 1X5 drops, twice daily for few days amel. The total symptoms (as reported on 21-02-1995).

10 **Case No.** : B/19/336, Female, 14, came on 14-01-1996 with acne over face. Her mother was mental and father cardiac pt. As the elder of the all sisters she had strong mental pressure. GGL 6/4 doses amel. 90% of acne problem within one & half month.

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- Hahnemann, towards the end of his life

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*Researched Conclusions on ill effects of alcohol in eye drops.

Sachsenweger,Rudolf and Matthias(1982)
Kompendium und Atlas der Augenheilkunde. 3 .Auflage,Gustav Fischer Verlag Stuttgart.

Intoxications and medicament caused damages of the eye can be aroused by ethyl alcohol.

Fanta,Helmut(1983)
Augenerkrankungen .Praxis der Allgemeinmedizin,Bd. 6 .Urban und Schwarzenber Munchen-Wien -Baltimore.

Ethyl alcohol is listed next to acids and alkalies as a possibility for eye corrosion. Especially in drop form ethyl alcohol causes corrosions of the conjunctiva and cornea which are similar to acid corrosions.

Fassihi , AR. & Naidoo,NT(1989)
Irritation associated with tear-replacement opthalmic drops.A pharmaceutical and subjective investigation.
In:South African Medical Journal.Mar.1989,75(5),S.233-235.

Alcohols produce irrits at the eye when applied topically. This is usually accompanied by conjunctival and corneal injury.

Olsen,EG.& Olsen,H.(1993)
Influence of ethanol ingestion on the cornea.In:Acta Ophthalmologica Copenhagen .Oct.1993,71(5).S.696-698.

Alcohol leads to a low but significant increase of corneal thickness. The reason for this possibly is that alcohol leads to a temporary depression of the endothelial pump activity. A resulting loss of contrast sensitivity may have consequences for car driving and other things.

Schoffling-Krause,U. (1993)
Arzneiformenlehre. Der Pharmazeutisch-technische Assistent.Deutscher Apotheker Verlag Stuttgart.

Eye medicines shall not disturb the tear film in its physiological function since otherwise
(a) the protecting function of the tear liquid is jammed
(b) the applied drops are rinsed out early by the increased tear fluid production
Eye drops containing alcohol (Alcohol representing a very weak acid with pH not corresponding to pH of the tear fluid) surely do not meet this requirement.

* हिन्दी में भी उपलब्ध

Voigt, R. (1993)
Pharmazeutische Technologie .7 Aufl. Ullstein Mosby GmbH & Co. KG Berlin.

The eye represent one of the most sensitive organs of human organism.High quality demands are therefore justified from an eye remedy namely good effectiveness, physiological compatibility (free from pain and irritation) and sterility. Pain and irritation are primarily important factors as the retention time of the drug should be as long as possible. The eye reacts on pain and irritation with increased secretion of tear fluid, which leads to a fast loss of the active agent. (Alcohol content with no medicinal value, is the cause of pain and irritation in eye drops containing alcohol).

Forth,W. et al.(1992)
Pharmakologie und Toxikologie.6.Aufl.B I Wissenschaftsverlag Mannheim-Leipzig-Wien-Zurich.

Even the disinfectant effect of ethanol is not considered in ophthalmic solutions. A high percentage alcohol solution produces corneal epithelial sloughing and corneal oedema, which is verified in studies on rabbit eyes.

Following authors have described changes like substance loss, higher number of mitosis and others on the mucous membrane (The conjunctiva of the eye is a mucous membrane) induced by alcohol influence.

Leydhecker & Grehn (1993)
Augenheilkunde.25.Aufl.Springer Verlag Berlin -Heidelberg-New York.

Vaughn,D.& Asburg T.(1983)
Ophthalmologie.Springer Verlag Berlin-Heidelberg New York-Tokyo.

Born,IA;Zoller,J;Weidauer,H.(1996)
Auswirkungen des chronischen Alkoholkonsums auf die Mundschleimhaut.Eine morphometrische Untersuchung.In:Laryngorhinootologie.Dec.1996,75(12),S.754-758.

Al-Harbi,MM;Qureshi ,S.;Raza, M.; Ahmed, MM.
Af8zal,M.&Shah,AH.(1997)

Takahashi ,S; Yamazki,T.&Okabe ,S.(1997)
Leminoprezole protects cultred gastric mucosal cells against damage caused by ethanol,indometacin and taurocholate.In:Pharmacology Mar.1997,54(3)S. 118-126.

Collins,J.F.& Augustin,A.J.(1997)
Augenheilkunde. Springer Verlag Berlin-Heidelberg,describes damages done to the eye by different chemicals including alcohol.

Allwod M.C., Medicinal Research Unit ;Derbyshire - U.K.(1989)
Regarding the question of alcohol in eye drops, the U.K. Authorities would never allow alcohol to be included in such formulations because of the risks of irritation and damage to the corneal epithelium.

No wonder liquids which are used as contact lens wetting solutions or intra ocular irrigating solutions NEVER contain alcohol.



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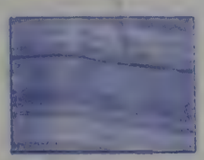
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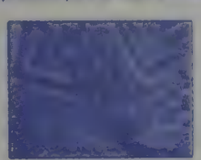
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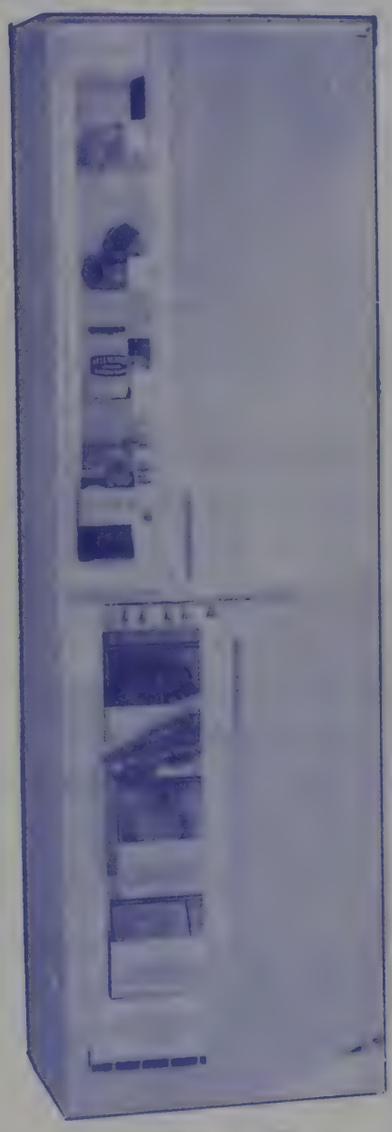
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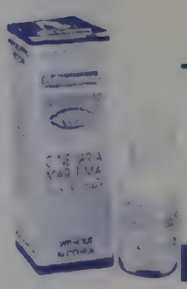
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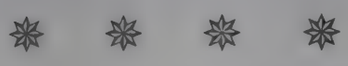
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